Navy Child Development Programs

Managers' Guidebook & Self-Assessment Tool

March 2003

NAVY CHILD DEVELOPMENT PROGRAM (CDP)
MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL

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INTRODUCTION

BACKGROUND

In August 2000, the Child Development Program (CDP) Functionality Assessment (FA) Guide provided the business practices, standards and requirements for developing Child Development Program (CDP) Most Efficient Organizations (MEO). The goal of FA is to realize efficiencies, increase cost savings, and maintain high quality standards. The strategy to develop MEOs enables Navy to achieve funding reductions taken in previous budget cycles, yet expand the availability of childcare spaces within current funding. The Navy is committed to achieving management efficiencies within CDP, and expanding availability without compromising high quality standards.

In FY02 39 MEOs (25 FA Studies) were approved for implementation by the MEO Validation Team (MVT) with the following results:

	MEO Base Year	MEO Option Year 4
Capacity	**+21%**	**+46%**
Cost per Space	**- 32%**	**- 35%**

PURPOSE

The CDP Managers' Guidebook is the instrument that staff will use to successfully navigate the MEO years. The Guidebook goals are to address the issues and concerns, share creative strategies and solutions, and provide information needed to make sound business and program decisions. The content is based on actual management issues, suggestions, and lessons learned, gathered from interviews and MVT sessions.

PURPOSE

(cont.)

The Self-Assessment Tool was developed to compare your MEO projected data to your actual program performance and assist staff with monitoring income and expenses, (e.g., labor, equipment, facility, etc.) and processes. Conducting regular self-assessments is the best way of tracking how well your CDP is complying with the approved MEO and prepares you for any N-46 assessment process.

Successful implementation of your MEO requires considerable teamwork and relies upon open communication and a continuous exchange of ideas, information and knowledge. The Guidebook should be an evolving, "working" reference tool to which the CDP Manager adds new situations and ideas. Local forms, information, and points of contact needed to operate the MEO successfully should be added. Update local information and record unique situations and solutions in the Guidebook. This documentation will define the parameters of the program so that any new manager can easily read the original MEO and the guidebook to understand the program (e.g., staffing, funding, facilities, CDH, etc.).

DEFINITIONS

CDP Manager. The term as used in this guidebook applies to all Child Development Center (CDC) Directors, Child Development Home (CDH) Directors, Child Development Program Administrators (CDPA), and Child Development Program Managers (CDPM).

Child Development Program (CDP). The term is used to describe the Child Development Center and/or Child Development Homes. The term emphasizes the concept that the Navy offers one child development program consisting of two types of equal quality service.

GUIDEBOOK SECTIONS

The Managers' Guidebook consists of three sections:

Section I: Management Challenges and Strategies for Success. This section is comprised of six chapters (Getting Started, CDP Standards and Challenges, Managing the Wait List, CDH Subsidies, Parent Fees, and Mobilization and Contingency) that address challenges from the CDP Manager's perspective. The information provides clarification on various issues, and recommends strategies to consider in the day-to-day management of a CDP. Occasional quotes from the CDP field are included in various sections because they represent a common challenge in that area. Although this section addresses specific issues and recommendations, it should progress into a more personalized version, reflecting each program's uniqueness. Each CDP Manager can apply suggested strategies, document concerns, and define future program plans. Management tools have been included to assist staff with the process.

Section II: MEO Change Orders. This section defines what constitutes a change order and describes the MEO Change Order process. If the CDP is unable to meet a particular MEO standard or requirement, a change order is needed to document the exception. CDP Managers will insert a copy of each request in this section.

Section III: Self-Assessment Tool Instructions and Worksheets. This section provides instructions on how to use the Self-Assessment Tool. CDP Managers will learn how to recognize if the program is not on track with the approved MEO and how to document any variance. Hard copies of the worksheets are included with sample data.

CDP MANAGERS ROLE

The role of the CDP Manager is very important and demanding. The Guidebook is designed to help minimize the stress and concerns associated with CDP administration. The information provided allows CDP staff to maintain high quality programs for children while complying with the approved MEO.

NAVY CHILD DEVELOPMENT PROGRAM (CDP) MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL SECTION I

CHAPTER 1

Getting Started on Your MEO

CDP MANAGERS FEELINGS

"My day as a director is a constant bombardment of staff, parents, phone calls, workmen, clerks, etc, and the interruptions interfere with my ability to implement the MEO."

"There are a lot of pieces to the MEO, and I could use the help of some of my staff to figure out what we need to do to reach our goals. How do I involve them without adding more to their already full plate?"

"I have two empty preschool rooms because there are no preschool children on the waiting list. How can I meet the MEO age group distribution if I can't get any preschool children?"

"My MEO requires an increase in CDH providers. Should I still be recruiting providers if the CDC has vacancies?"

Sound familiar? These quotes generally convey the overwhelmed or confused feelings that some CDP Managers experience when starting to implement the MEO. This chapter focuses on planning and being prepared, so whether the manager is a CDC or CDH Director or wearing both hats, this is the starting point in implementing an efficient and successful organization.

CDP MANAGERS FEELINGS (cont.)

In the field of early childhood education, even the most experienced CDP managers feel overwhelmed at times, and change can sometimes add to the stress. The CDP Manager must accomplish a multitude of tasks on any given day and be available to many people who have a variety of needs. Not only must the organization operate efficiently, but the program for young children must remain high quality, safe, and developmentally appropriate. How to do it all and do it well?

When a CDP Manager begins to feel that the program is a victim of change, or in this case, the MEO, and that they are powerless, then it is time to re-evaluate the management environment and style and to gather all possible resources and information. It is critical to bring order and structure to the program and gain control. This is especially important in a job where priorities are always shifting, moving from child and parent needs to personnel issues to budget restrictions to facility concerns, etc.

When CDP Managers feel that they are so immersed in the everyday details that they cannot see the big picture, it is time to make some big changes in how you manage your program. This is crisis management, which inevitably leads to a breakdown in program quality. The MEO is an asset, not a deterrent in taking steps to instill or restore order and predictability to the program. Once there is a clear understanding of the MEO, the various team members roles in its implementation, and where to turn for additional guidance, managers can begin to take a leadership role and look to the future of the program.

THE FIRST STEPS OF MEO IMPLEMENTATION

"I haven't made much progress in implementing the MEO. I don't really know where to begin. There is so much information and so little time to absorb it all. I don't know if I really understand what is expected of me."

As the saying goes, "You have to start somewhere". It is critical that the CDP Manager takes charge of the MEO immediately and compile all pertinent resources. For most CDP managers, this begins with some basic information and a shift in perception about their role. The manager may feel that "it's lonely at the top", but in reality the manger is part of a team of people with the same goals. Everyone wants a successful MEO that doesn't compromise the quality of the developmental program. As the leader, there are some necessary steps that must be taken when implementing the MEO.

1) **Study the FA Guidebook and the MEO**. First, you will need to have a clear understanding of the FA standards and of your own MEO. If you were not involved in the development of your MEO, talk with the individuals who worked on your MEO to understand how it was developed. Study the FA Guide, then read and re-read your MEO narrative until you have a firm grasp on the information. You and any staff who access MEO or Self-Assessment worksheets will need basic computer skills in EXCEL. Ensure that you understand each worksheet in your MEO, and if you have any questions, get clarification from your immediate supervisor as soon as possible. If there is any doubt about what is stated in the MEO, you must resolve it quickly, so that you can move to the next step.

2) **Study Your CDP Manager's Guidebook and the Self-Assessment Process**. This Guidebook will address common questions or challenges that you may have as you implement your MEO. It may not answer all your questions, so continuous communication with your supervisor and other base personnel who have been

THE FIRST STEPS OF MEO

(cont.)

identified to assist you is critical. Familiarize yourself with the entire self-assessment process to include the Self-**IMPLEMENTATION** Assessment Tool and the quarterly Self-Assessment Review.

3) **Self-Assess and Gather Information**. Some CDP managers express a feeling of inadequacy when beginning implementation of their MEO. Most of the time this is due to a lack of information and is not related to ability or even experience. Lack of information can paralyze your organization and make you feel as if you have no control. When this happens, the organization and the people cannot grow or change or progress. You will have to be honest in your own self-assessment by asking yourself some hard questions. What information am I missing? What areas do I personally need to improve upon? Is someone else doing the work or tasks that I should be doing because I am lacking the knowledge or information? Are tasks not getting done?

For example, child development managers often have a strong background in early childhood education but not in financial management. Thus, they may rely on others to plan and monitor their budgets for them. But, you must understand the budget process, the terminology, the relationship between program goals and the actual income and expenses. You must also be able to explain variances between projected and actual income/costs. This is critical information that enables you to successfully implement the MEO.

Perhaps you need to strengthen or gather more information about other areas. If there are construction projects or renovations planned or in progress, you need to be aware of the status at all times in order to monitor impact to the MEO. Some managers have trouble with personnel issues and conflict, so they may ignore the problem or hand it off to someone else. If this is a challenge for you, talk with your personnel manager to get some additional training or helpful hints. Whatever

THE FIRST STEPS OF MEO IMPLEMENTATION (cont.)

areas you identify, the key is to find out where you can get the information, secure a reliable point of contact in that area, and give yourself a realistic deadline to learn what you need to know to operate your program and lead your MEO team.

4) **Delegate.** You will need the help of others to implement this MEO. Identify responsibilities and decisions that only you have been handling. Can any of these be delegated to responsible staff? Delegating is an important part of the management process. While you may need to invest a little time up front in providing staff with information and training them how to accomplish the task, in the end your program will improve through effective delegation.

5) **The Big Picture.** The MEOs developed throughout the FA process enable the Navy to continue to operate its own child development programs. By complying with the FA standards and requirements, your MEO contributes to the overall success of the Navy CDP but ensures an efficiently run operation that never compromises on quality. It is important for you, as the manager, to step back and realize the impact of your MEO on the overall Navy CDP and then move forward to monitor the impact on your own program and its future. Often when managers are not looking at the big picture, they become increasingly reactive to the same old problems that never seem to go away. It is your responsibility to break that cycle through a systematic approach to planning and problem solving.

6) **Dedicate Time to Plan.** Planning is a necessity, not a luxury. CDP managers can help avoid crisis management by dedicating a percentage of their time to uninterrupted planning. Schedule time to focus and perform your duties, then identify specific time for planning. Share your schedule with your staff to minimize interruptions.

THE FIRST STEPS OF MEO IMPLEMENTATION

(cont.)

A successful MEO requires incorporating strategies and short and long-range planning into your management process. The MEO, along with the Self-Assessment process assists you with planning, helping you to constantly track the program status. It is your job to provide leadership to keep it going in the right direction. Don't think of the MEO and the Self-Assessment process as tying your hands but rather as opportunities for creative thinking, managing, and planning.

7) **Provide the Initial MEO Overview to Staff.** You will need to provide an overview of the basic MEO information to the entire staff. Often, managers will provide important information to their primary staff and rely on them to pass the information to the rest of the staff. This works for some topics, but in this case, it is important that you deliver the overview to your entire staff at one meeting to avoid misunderstandings and rumors. The MEO education process is described on page __.

MY NOTES

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NAVY CHILD DEVELOPMENT PROGRAM (CDP) MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL SECTION I

CHAPTER 2

MEO Compliance and The Self-Assessment Process

PREPARING FOR THE ASSESSMENT

"I worry about not living up to the MEO. How will I know if I am doing something wrong that goes against the MEO, and how do I prepare for the assessment?"

The Self-Assessment process prepares your program for the assessment that will occur after the first year of MEO implementation, and you will find that by continuing the process, the CDP will improve year after year, increasing in quality, efficiencies and cost savings. The Self-Assessment process is made up of three parts: 1) the Self-Assessment Tool, 2) an internal MEO Compliance Review (MCR) and MEO Compliance Team (MCT), and 3) your Plan of Action to comply with the MEO. Using the Self-Assessment Tool and conducting quarterly reviews allows you to adjust the MEO or develop plans so that your program's unique needs are met while maintaining compliance with the standards and requirements.

1) **The Self-Assessment Tool**. The instructions and tool are provided for you in Section III. The Self-Assessment Tool is designed to track your CDP compliance with the standards and requirements of your MEO. The Variance Summary worksheet in the Self-Assessment Tool allows you to see at a glance where there may be a problem and will guide your plan of action. Self-studies and self-assessments are very important ways to learn more about your program and make improvements. This tool is the best way to avoid "surprises" during your assessment.

PREPARING FOR THE ASSESSMENT (cont.)

Six months after you begin MEO implementation and annually thereafter, you will be required to submit the results of your Self-Assessment Tool to PERS-65.

2) **The MEO Compliance Review (MCR) and MEO Compliance Team (MCT).** Starting in the transition period and throughout Base year and Option years, you will conduct internal quarterly MEO Compliance Reviews (MCR). You will form a MEO Compliance Team (see page_) to assist you in completing Self-Assessment Tool quarterly. This is the tool that will monitor compliance with the MEO and indicate the need to develop a Plan of Action for making improvements.

   At each quarterly review, the decision is made to maintain, develop, or refine your Plan of Action based on the Self-Assessment Tool results. These reviews are opportunities to gain a deeper understanding of your MEO, discuss potential change order requests, plan more effectively, and share ideas. A checklist is provided to help guide the process and keep the team members on track (See page _). The checklist and the minutes taken during each review (see Sample MCR Minutes on page __) are kept on file as a reference resource and for review during an actual assessment.

3) **Your Plan of Action.** A CDP Problem-Solving & Planning Model is also provided in this chapter. This can be used at any time for planning and problem solving purposes, but it is especially useful as it applies to the Self-Assessment Tool when specific variances have surfaced. Working through this process helps you identify the reasons why the standard is not being met so you can develop strategies and a specific plan to get back on track. Document your plan of action and your timeline for improvements and changes. This will help your chain of command understand your situation, what you've considered or tried, what your options are, and what type of additional assistance you need.

PREPARING FOR THE ASSESSMENT (cont.)

The Assessment. The Self-Assessment Tool and the quarterly MCRs will prepare you for the actual assessment. Document all your information in one area for the assessmentor. The assessment trail is all the information that explains any deviations from the MEO including but not limited to:

- Results of the Self-Assessment Tool and backup documentation for explained variances
- MCR and MCT meeting minutes
- Checklists from the quarterly Self-Assessment Reviews
- Your Plan of Action that demonstrates efforts to make improvements or changes
- Change order requests and approvals
- Marketing plan and results
- Staffing documents (e.g., schedules, copies of leave slips, etc.)

By conducting regular self-assessments and MCRs and working with your MCT to develop a Plan of Action you are better prepared for the actual assessment.

ESTABLISHING YOUR MEO COMPLIANCE TEAM (MCT)

Establishing the MCT will help you get organized and focus on specific goals. After you have a thorough understanding of the FA Guide, your MEO, and the Self-Assessment Tool, begin identifying what actions must be taken for compliance with each MEO component. Questions will arise as you look at the MEO requirements. Who can help you with recruitment of more CDH providers? How are you going to open another preschool room? Where can you cut back on supplies? Who will monitor subsidy payments? You will lead the team that will ensure all MEO requirements are met.

MCT Purpose. The purpose of the MCT is to:

1) Assist you in the implementation of the MEO requirements by taking on the tasks that you identify.

ESTABLISHING YOUR MEO

COMPLIANCE TEAM (MCT) (cont.)

2) Participate in formal quarterly MCRs using the Self-Assessment Tool. During quarterly reviews, the Self-Assessment Tool results and plans for variances will be discussed. The MCR Checklist will guide the quarterly reviews.

3) Participate in other meetings as needed. It is recommended that in the Base Year, the team meet frequently leading up to the assessment. The team may occasionally break up into smaller groups to focus on specific areas, problems or plans, and those groups will submit ideas, solutions and assessments to the entire MCT at the next quarterly review. There may also be a percentage of time at the end of each regularly scheduled staff meeting that is dedicated to MCT planning and assessments.

4) Identify MEO areas or components that are not in compliance or are in danger of non-compliance.

5) Develop and implement a plan of action to correct or improve an area in order to comply with the MEO.

6) Prepare change order requests.

7) Assess the effectiveness of the plan of action.

8) Maintain a record of all MCT meetings, decisions made, and plans of action.

9) Gather and maintain all documentation that explains variances from your MEO.

10) Solicit further assistance from subject matter experts if needed and maintain an updated MEO Resource Chart.

11) Be positive and informed spokespersons for the total CDP and the goals of the MEO.

ESTABLISHING YOUR MEO COMPLIANCE TEAM (MCT) (cont.)

MCT Selection. Selecting the members of your team takes careful consideration. Identify the skills and attributes needed to ensure success. One individual may have multiple skills or one specific skill. Examples of the types of knowledge, skills and attributes that you will look for in team members include:

- Financial management, budget preparation and analysis
- Computer skills and willingness to learn and teach others new programs
- Time management, ability to stay on task and complete tasks within a specific timeframe
- Creativity and ingenuity
- Problem-solving skills, ability to look at a problem as an opportunity and challenge
- Interpersonal skills, teambuilding, ability to motivate, work well with the public
- Conflict resolution skills
- Marketing skills
- Planning and coordinating, ability to plan short and long term goals
- Decision making skills
- Training skills

Ensure your team is comprised of staff members who represent key components of the program. Along with directors, other members might include Operations Clerks, Program Assistants, Program Leaders, Cooks, T&C Specialists, and anyone committed to making a positive contribution to the process.

MCT Orientation. Once the team is established call a meeting to provide a thorough orientation. Provide each member a binder to which they can add while serving on the MCT, to include:

- The approved MEO Narrative and Worksheets
- A printout of the Self-Assessment Tool worksheets with your MEO data entered.
- MEO Compliance Review Checklist

ESTABLISHING YOUR MEO COMPLIANCE TEAM (MCT) (cont.)

- MEO Resource Chart (page _)
- CDP Problem-Solving & Planning Model (page _)
- CDP Time Management Chart (page _)
- Sample MEO Compliance Review Minutes (page _)
- New policies and procedures (e.g., Central Enrollment and Wait List Management, CDH Subsidies and Incentives, etc.)

The CDP Manger provides the MCT orientation to include a discussion of:

- Background information (e.g., the history of CDP FA studies, why and how the CDP FA Guide was developed, an overview of the FA standards and policies, etc.).
- An overview of your CDP MEO, team members that worked on the development and the approval process by MEO Validation Team.
- The major changes required and assistance available (e.g., a Reduction in Force (RIF) is required, and there will be a mandatory staff meeting at which non-appropriated fund (NAF) personnel experts will be present to answer questions, etc.).
- How all business decisions are now based on MEO standards (e.g., when reviewing and approving purchase orders for CDC toys and children's supplies, you cannot exceed the MEO standard of $90.00 per child per year, etc.).
- The Self-Assessment Tool and how it helps prepare for the actual assessment.
- The purpose of the MCT and how often you will conduct MCRs. Based on everyone's job responsibilities and schedules, determine meeting dates and times (e.g., the third Tuesday of the month at 1400 hours, etc.).
- The Sample MCR Meeting Minutes and the MCR Checklist they have in their notebooks.

ESTABLISHING YOUR MEO COMPLIANCE TEAM (MCT) (cont.)

- The names of outside resources and points of contact available to the team (MEO Resource Chart). Explain that it is likely some members will need to contact specific MEO resources for information, but they are to copy you on all correspondence and give you a heads up about any phone calls. This way, as the leader, you can ensure team members are not duplicating tasks.
- The CDP Problem-Solving & Planning Model and how to use it.
- What constitutes a change order and how the process works.

Assign tasks to members of the MCT that directly relate to the Self-Assessment Tool and the success of your MEO. During meetings and reviews, it is your responsibility to keep the team on track. The CDP Problem Solving & Planning Model will assist the group in staying focused, brainstorming solutions, and developing the specific tasks for completion. If tasks and goals are clear, this group should be taking very little time away from normal duties. But remember that time that is invested early on for planning and monitoring will inevitably lead to your MEO's success.

MEO Resources. Resources range from your supervisor and CDP peers to local proponents and subject matter experts who you will work with to gather information and assistance for a successful MEO. For your convenience, a MEO Resource Chart is located at the end of this section. Some suggested resources are provided for you on the chart, but you will need to update frequently with your own additions and with local names and information. These individuals will provide you with their expertise and guidance as you implement your MEO. A point of contact for each of the following resources is recommended:

- NAF and APF Personnel
- NAF and APF Payroll
- MWR Financial Management
- Comptroller
- MEO Change Orders

ESTABLISHING YOUR MEO COMPLIANCE TEAM (MCT) (cont.)

- CDH Subsidies
- Central Enrollment and Wait List Management
- NAEYC Accreditation
- Marketing
- Age Group Distribution
- Parent Fees
- Mobilization and Contingency
- USDA Reimbursement.

Building a positive rapport and relationship with your MEO resources is very important. Make phone calls and send emails to everyone to establish yourself at the helm of the MEO. You may need to educate them on the status of your MEO, some of the roadblocks you are experiencing, and what types of assistance or information you need.

THE MEO EDUCATION PROCESS

Communication with Staff. As a CDP manager, you represent all Navy Child Development Programs, and you set and enforce the high standards reflected in your MEO. How you communicate the history, purpose, and goals of the MEO to your staff will be the biggest determining factor in how it is received and how well they understand its implications. During the MCT orientation you will determine the best way to educate the rest of the staff about the MEO. It is recommended that you have an initial meeting with all staff, and then follow up with other small group meetings. Ensure that Human Resources, NAF Personnel and Union representatives (if applicable), are invited to your large staff meeting so that employees can have their questions answered on the spot. This is particularly important when there is downsizing of your organization.

Team Approach. If you introduce the MEO implementation plan as a teambuilding model, everyone feels they have a role, the CDP team has a common goal, and generally, there is more "buy-in" with that approach. Be careful not to fall into the "we – they" trap because it makes it harder for staff to get on board with changes that need to be made and does

THE MEO EDUCATION PROCESS (cont.)

not contribute to a successful MEO. Educating your entire staff about the MEO Plan of Action is similar to your approach with the self-study and accreditation plan. Staff members were educated about the process and the milestones and everyone worked as a team toward an important accomplishment. Similarly, if everyone knows and understands the MEO standards at the beginning, they can start moving more deliberately towards the goals.

Basic MEO Standards and Goals. The basic standards and goals of your MEO should be incorporated into regular staff training and meetings. Use the FA Guide to help you explain the standards and how they compare to industry and military services. The information will be more meaningful for staff if they can apply it to their specific work environment (e.g., specific classroom, front desk, kitchen, etc.) and if they understand their role in the MEO implementation. You must anticipate their concerns and include those in all discussions and training.

The level of detail provided to staff differs depending on their position. Food service staff need details on the cost of food per child per day, USDA requirements, and cycle menus, and CDH staff and providers, CDC Clerks, and R&R Clerks need more details on CDH subsidies than caregivers. Meeting with CDC staff in each room at naptime, is an efficient way to discuss MEO staffing and how their schedule will change. This is particularly important if the MEO mandates a change to the classroom to maximize enrollment. You want to ensure that information is shared in the most efficient and meaningful way possible.

All CDP staff will be briefed on the total CDP concept and be provided some basic information on what an MEO is and what it means for the Navy CDP. You will also provide an organizational chart showing CDC and CDH, CDP oversight, and chain of command.

THE MEO EDUCATION PROCESS (cont.)

New or Changed Processes and Plans. The CDP Manager must inform providers of any new or changed processes and future plans such as:

- Expansion goals, construction, or renovations planned
- Changes in capacity of rooms and facility and why
- Age group distribution goals and impact on the program (e.g., moving an age group to another room, opening another preschool room, etc.)
- Current and future marketing efforts to increase enrollment
- Staffing standards for your size program, RIF or Business Based Action (BBA) and the impact
- Your NAEYC accreditation status and re-accreditation timeline
- Changes to the staffing schedule and flex staff
- Current training schedule and future plans.

Some examples for CDH staff and providers include:

- Marketing, recruitment and projected growth in CDH providers
- CDH goals to increase infant/toddler and hourly care
- CDH subsidy and incentive plan and implementing procedures.

The following is a sample of a quarterly MCR. In reality, the number of MCT members and the number of topics vary. Membership reflects a variety of positions in the CDP that participate in follow-up planning sessions and in small group meetings in between quarterly MCRs.

Sample
MEO Compliance Review (MCR) Minutes
10 December 2002
Final Implementation Date of 28 January 2003.

MEO Compliance Team (MCT) Members Present:

Cheryl Cane, CDC Director (with CDP oversight)	Carrie Young, CDH Director
Carol Hill, T&C	Jill Smith, CDH Monitor
Tanya Davis, Operations Clerk CDC	Marie Murphy, Program Leade CDC
David Ellis, Program Assistant CDC Annex	Pat Allston, Program Assistant CDC

1. CDC Director Cheryl Cane welcomed the new member to the MCT, David Ellis, a Program Assistant in Room 4 at the CDC Annex. MCR minutes from 22 November meeting were reviewed. Ms. Cane thanked Tanya Davis for getting the minutes and agenda to everyone before the meeting to save time and for volunteering to record the minutes and the checklist for each meeting.

2. Ms. Cheryl passed out copies of the Variance Summary results from the Self-Assessment Tool for the first quarter. Worksheets that reflect the specific variances were handed out. The team went down the MCR Checklist and reviewed each item. The following variances reflect non-compliance and were discussed:

CDC Enrollment. The MEO enrollment for Preschool Room #3 is 24. Actual enrollment is 20. MEO enrollment for Preschool #5 is 24. Actual enrollment is 15.

Discussion: Susan Taylor, who oversees the CDP marketing efforts, says that preschool enrollment has increased slightly, but not enough. Ms. Cheryl leads the group in a problem-solving process using "The Looking Glass" model. Carrie Young, CDH Director, suggests that the recruitment of providers be limited to those who will provide for infants and toddlers until all preschool spaces are filled in the CDC. Tanya, who oversees the wait list states that vacancies are not reported in a timely manner and that parents are not giving two weeks notice. Tanya suggests that a letter go out to parents saying that they must give two weeks notice, unless there is a documented emergency, deployment, or orders that prevent them from doing so, and if they do not, they must pay for those two weeks.

Plan of Action: Tanya and Carrie will work together after the MCR to establish new procedures and draw up the letter to parents. Carrie will inform CDH staff of the plan to limit providers to infant/toddler care until CDC preschool spaces are filled. Ms. Cheryl will brief the command and seek approval for this plan of action since it involves a change in policy. Timelines have been written out on the attached Action Plan Chart with a

b) David Ellis reminds the team of a projected CDC enrollment variance in April. The infant and pretoddler rooms at the Annex will begin renovations, and the infants and pretoddlers will be displaced. Carrie says that further justifies the push for the recruitment of infant/toddler CDH providers, and she will incorporate that into the plan. She will also ensure that there is an updated off–base referral list for parents. Ms. Cheryl states she will prepare information for the Annex parents and schedule a meeting for January. She will also prepare a change order request for the period of renovation for the two rooms at the Annex. The attached Action Plan includes a timeline.

3. Next MCR scheduled for 3 March 03. Other team meetings prior to that are as follows:
   15 December - Provider Recruitment and Wait List Plan - Carrie and Tanya
   17 December - Annex Renovation Plan - Carrie and David
   19 December- Update Prior to Command Brief - Carrie and Ms. Cheryl
   20 December- Status Report - MCT last 20 minutes of staff meeting

Team meetings for the new year will be announced on 5 January 03.

4. MEO Compliance Review adjourned.

Sample
MEO Compliance Review (MCR) Checklist
1st Quarter

MCR TOPIC	Reviewed			
Last MCR Minutes	X			
Wait List	X	**Variance +/- %**	**Change Order**	**CDP Plan of Action Implemented**
Enrollment				
• CDC Enrollment	X	-12.70%	No	Yes (See Action Plan # 1)
• CDC Age Group Distribution	X		No	
• CDH Enrollment	X		No	
• Total CDP Enrollment	X	-13.82	No	No
• Total CDP Age Group Distribution	X			No
Direct Staff				
• Program Leader	X		No	
• Program Assistant	X		No	Yes (See Action Plan #2)
• Program Assistant Flex	X		No	
• Total Direct Staff	X		No	
Parent Fees				
• Category I	X	-14.35%	Yes	
• Category II	X		Yes	
• Category III	X	-12.70%	Yes	
• Category IV	X		Yes	
• Category V	X	-14.44%	Yes	
• Category VI	X	-41.29%	Yes	
• Total	X	-17.10%		Yes (See Action Plan #3)
NAF Overhead				
• CDP NAF Overhead	X		No	
• CDH NAF Overhead	X		No	
• Percent of MWR NAF Overhead	X		No	
CDH Costs				
• Personnel Costs	X		No	
• CDH Subsidy	X		No	
• Total CDH Expenses	X		No	
• Total CDH Cost per Child	X		No	

MEO Compliance Review (MCR) Checklist
1st Quarter
(cont.)

CDC Costs				
• Personnel Costs	X		No	Yes (See Action Plan #4)
• Supplies/Food Costs	X		No	
• Total Direct Expenses	X		No	
• Total Direct Cost per Child	X		No	
• Total Indirect Expenses	X		No	
• Total Cost per Child	X		No	

Sample MEO Resource Chart

Insert all MEO related topics. If you do not have a local resource, your supervisor will provide you with an alternative.

MEO TOPIC	RESOURCE Name/Title	LOCATION	PHONE #	FAX #	E-MAIL ADDRESS
Guidebook & Self-Study Tool	MEO Hotline	XXX	555-help	XXX	jdenney@meo.com
General Guidance and Approval	Lt. Cdr. Mike Jone/Command Rep Tammy Wilson/Claimant	XXX XXXX			
MEO Change Orders					
NAF Personnel	NAF Human Resources Joe Smith/Staffing Specialist	Building 60			
NAF Payroll					
APF Payroll					
Comptroller					
APF Personnel					
MWR Financial Management					
CDH Subsidies					
Central Enrollment & Wait Lists					
NAEYC Accreditation					
Marketing					
Age Group Distribution					
Parent Fees					
Mobilization & Contingency					
USDA Reimbursement					
Etc.					

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MY NOTES

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NAVY CHILD DEVELOPMENT PROGRAM (CDP) MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL SECTION I

CHAPTER 3

CDP Standards and Challenges

PURPOSE

The Child Development Functionality Assessment (FA) Guide describes the staffing standards for your size CDP. Your MEO reflects those standards. The transition plan in your MEO has an outline of the process and timeline for any personnel actions that affect your CDP. These are actions that are taken prior to implementation of the MEO such as a Reduction in Force (RIF). You will be working closely with your supervisor and APF/NAF Human Resources on all issues and changes that affect personnel in any way. This chapter is designed to address and clarify some of the questions and issues on staffing standards that have arisen as CDP managers implement their MEOs.

YOUR MEO FTE

"The MEO number of staff for the classrooms is not enough to meet ratios and cover when staff are out. At the end of this month, I am already out of compliance with the MEO for my FTE."

Full-Time Equivalent Staff. It is important to recognize that the FTE number in your MEO does not mean the number of staff you will have. The MEO reflects the number of full-time equivalent (FTE) staff you may have, not the number of individuals. One FTE means 2080 hours per fiscal year (1 October – 30 September) or 520 hours per quarter or 40 hours per week. It does not mean that you only have one

YOUR MEO FTE (cont.)

person working those hours. Think of your FTE as hours. If you were to look at one FTE, it might look like this:

- One staff at 40 hours per week for 52 weeks
- Two staff at 20 hours per week each for 52 weeks
- Two staff - One 30 hour staff and one 10 hour staff per week
- Four staff at ten hours per week
- Ten staff at four hours per week, etc.

It is possible that one FTE in your MEO might be two or even ten staff members.

Now look at your total FTE and the total hours it represents, and you decide what combinations best suit your program, e.g. if you have 26 FTE CDC caregivers, that would be 1040 hours per week or 12,480 hours per quarter. Your approved MEO reflects the number of FTE (think of it as the number of hours) needed for your program based on enrollment and in order for all ratios to be met. This includes the number of FLEX FTE staff that were determined for your program based on factors such as staff turnover rate, required training, and annual leave taken. FTE may fluctuate from time to time, e.g. more staff than usual are out sick or extra staff training is provided, etc.

FTE and the Self-Assessment Tool. On your Self-Assessment Tool, you will input your average number of FTE per quarter, which will give you a better picture of how you are doing. If, in the first quarter, the number of FTE is far over the total allowed, then you will need to keep a closer eye on the months in the next quarter. If your Self-Assessment tool shows that you exceeded FTE for the first three quarters, then you know that you will undoubtedly exceed your MEO total FTE for the year. Remember that anytime your Self-Assessment Tool reveals a variance, you will need to come up with a documented plan to get back on track. Work with your MEO Compliance team when problem-solving and developing action plans.

YOUR MEO FTE (cont.)

When deciding how best to staff your classrooms based on the number of FTE hours, keep in mind the following:

- **Continuity of Care.** Continuity of care for children is very important. Children need to be with the same caregivers and substitute caregivers as much as possible.

- **Average Number of Hours Children Are In Care**. You need to plan staffing based on the average number of hours children are in care, not the total number of hours that the facility is open. If you are open 12 hours per day that does not mean that all children are there 12 hours per day. If children are in attendance an average of ten hours per day, then you would staff accordingly. Of course, there are always exceptions, but you need to plan for the average situation, not the exception.

- **Combining Classrooms**. Because you plan for the average number of hours children are in attendance, you will need to combine classrooms at certain times. Identify which classrooms will be combining in the morning and at closing or in emergency situations. Monitoring utilization trends will help you. Use your hourly ratio charts to track time periods when ratios are off. When a pattern develops showing that between 6:30 and 7:30, there are only 3 children showing up in that room, you need to consider how you can combine with another room during that timeframe. Compare all the hourly ratio charts in the CDC to get an overview of where you are over and under in staffing. Being able to look at your entire center's ratios at once helps you plan when and how best to combine rooms.

  Typically, you would combine same ages, putting preschoolers with preschoolers, toddlers with toddlers, and pretoddlers with pretoddlers. You may also need to combine pretoddlers with toddlers or toddlers with preschoolers. Multi-age combinations work well, although it is not recommended that infants be combined

YOUR MEO FTE (cont.)

with other age groups. Some CDP managers view the multi-age combination as a family style environment, which can work well in those early morning hours. Your T&C and the CDH Director/Monitor are valuable resources when it comes to multi-age care training and activities.

- **Flex.** Consider how you will utilize your FLEX staff. The position is designed to be flexible to take on various responsibilities at various times. You are not limited to using FLEX staff just for when people are out sick/on leave or training. CDP managers realize the importance of continuity of care and that it is better for the same caregivers to be with the children, so many choose to schedule their FLEX for the same rooms/age groups and/or for opening early when rooms are combining, or for other parts of the day. FLEX are also assigned as the regular substitute caregivers and breakers/floaters for specific classrooms. Managers should cross train their FLEX to cover for front desk and kitchen duties.

Small, Medium and Large CDC Staffing. Sample MEO worksheets (Facility Utilization Summary and Direct Caregiving Staff Calculation) and Staff Schedules for small, medium and large CDCs are provided on the following pages in order to show you how a CDP manager can make the most of Program Assistant end strength from the MEO FTEs without disrupting continuity of care.

SAMPLE
SMALL CDC STAFFING SCHEDULE
Enrollment – 80

Infants Rm 1 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
PT PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Pretoddler Rm 2 (10)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (5)							12:30	----------	----------	----------	----------	5:30

Toddlers Rm 3 (14)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
Prog. Ldr(6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (8)			7:30	----------	----------	----------	----------	----------	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Preschool Rm 4 (24)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA 7)		7:00	----------	----------	----------	----------	----------	----------	----------	3:00		
FT PA (8)			7:30	----------	----------	----------	----------	----------	----------	----------	4:30	
Flex PA 5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 5 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
Flex PA	(5)	6:30	----------	----------	----------	----------	----------	12:30					
FT PA	(7)				9:30	----------	----------	----------	----------	----------	----------	----------	5:30
FT PA	(8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

- There are 4 total Flex staff. There are 2 Flex staff @ 25 hours each per week who are breakers and substitutes (50 total hours per week). There are 2 Flex staff @ 25 hours each per week who work in the Preschool rooms. Flex are also trained to fill in for front desk clerks and kitchen staff. Flex can work up to 40 hours a week. The number of Flex staff does not exceed the cap of 25%.
- There is 1 Prg. Ld who works 8 hours a week (or 1.6 hr per day) each out of ratio.
- 14.45 FTE turns into 17 staff members.

ACTUAL Number of Direct Care Staff	**Classroom Hours**	**MEO FTE**
4 Flex PA @ 5 hrs per day x 5 days	= 100 hrs per wk	1.75 Flex FTE = 70 hrs per wk
1 Prg. Ldrs @ 6.4 hrs per day in ratio x 5 days	= 32 hrs per wk	1 Prg Ldrs FTE = 40 hrs per wk
(1 Prg. Ldr @ 1.6 hrs per day out of ratio) x 5	= 8 hrs per wk	11.70 PA FTE = 468 hrs per wk
2 PT PA @ 5 hrs per day x 5 days	= 50 hrs per wk	**14.45 FTE 578 hrs per wk**
5 FT PA @ 7 hrs per day x 5 days	= 175 hrs per wk	
5 FT @ 8 hrs per day x 5 days	= 200 hrs per wk	
17 ACTUAL STAFF (end strength)	**565 hrs per wk**	

SAMPLE
MEDIUM CDC STAFFING SCHEDULE
Enrollment – 240

Infants Rm 1 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
PT PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Infants Rm 2 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
PT PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Infants Rm 3 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
Prog. Ldr(6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Pretoddler Rm 4 (10)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT Prg Ld(6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Pretoddler Rm 5 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
Flex PA (5)							12:30	----------	----------	----------	----------	5:30

Pretoddler Rm 6 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (5)							12:30	----------	----------	----------	----------	5:30

Toddler Rm 7 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT Prg Ld(6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (8)			7:30	----------	----------	----------	----------	----------	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Toddlers Rm 8 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Flex PA (5)	6:30	----------	----------	----------	----------	----------	12:30					
FT PA (7)				9:30	----------	----------	----------	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Toddlers Rm 9 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
PT PA (5)	6:30	----------	----------	----------	----------	----------	12:30					
FT PA (7)				9:30	----------	----------	----------	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Preschool Rm 10 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:30			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 12 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Prog Ldr (6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (7)			7:30	----------	----------	11:00		1:00	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Preschool Rm 13 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:30			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 14 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)	6:30								2:30			
FT PA	(8)		7:30									4:30	
PT PA	(5)							12:30					5:30

Preschool Rm 15 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)		7:00							2:30			
FT PA	(8)			7:30								4:30	
PT PA	(5)							12:30					5:30

- There are 11 total Flex staff. There are 7 Flex staff @ 25 hours each per week who are breakers and substitutes (175 total hours per week). There are 4 Flex staff @ 25 hours each per week who work in the Preschool rooms. Flex are also trained to fill in for front desk clerks and kitchen staff. Flex can work up to 40 hours a week. The number of Flex staff does not exceed the cap of 25%.
- There is 4 Prg. Ld who works 8 hours a week (or 1.6 hr per day) each out of ratio.
- 43.54 FTE turns into 52 staff members.

ACTUAL Number of Direct Care Staff	**Classroom Hours**
11 Flex PA @ 5 hrs per day x 5 days	= 275 hrs per wk
4 Prg. Ldrs @ 6.4 hrs per day in ratio x 5 days	= 128 hrs per wk
(4 Prg. Ldrs @ 1.6 hrs per day out of ratio) x 5	= 32 hrs per wk
7 PT PA @ 5 hrs per day x 5 days	= 175 hrs per wk
16 FT PA @ 7 hrs per day x 5 days	= 560 hrs per wk
14 FT @ 8 hrs per day x 5 days	= 560 hrs per wk
52 ACTUAL STAFF (end strength)	**1730 hrs per wk**

MEO FTE	
5.24 Flex FTE =	209.6 hrs per wk
4 Prg Ldrs FTE =	160 hrs per wk
34.30 PA FTE =	1372 hrs per wk
14.45 FTE	**1741.6 hrs per wk**

SAMPLE
LARGE CDC STAFFING SCHEDULE
Enrollment – 320

Infants Rm 1 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
Flex PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Infants Rm 2 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
PT PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Infants Rm 3 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT Prg Ld(6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Infants Rm 4 (8)	**6:30**	**7:30**	**8:30**	**9:30**	**10:30**	**11:30**	**12:30**	**1:30**	**2:30**	**3:30**	**4:30**	**5:30**
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:00			
PT PA (5)							12:30	----------	----------	----------	----------	5:30
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	

Pretoddlers Rm 5 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT Prg Ld (6.4)		7:00						1:45				
FT PA (8)			7:30								4:30	
FT PA (7)				9:00								5:00

Pretoddlers Rm 6 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30								2:00			
FT PA (8)		7:30									4:30	
Flex PA (5)							12:30					5:30

Pretoddlers Rm 7 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30								2:00			
FT PA (8)		7:30									4:30	
PT PA (5)							12:30					5:30

Pretoddlers Rm 8 (10)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)		7:00							3:00			
FT PA (8)			7:30								4:30	
PT PA (5)							12:30					5:30

Toddlers Rm 9 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT Prg Ld(6.4)		7:00						1:45				
FT PA (8)			7:30								4:30	
FT PA (7)				9:00								5:00

Toddlers Rm 10 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Flex PA (5)		7:00						1:00				
FT PA (8)				9:30								5:30
FT PA (7)			7:30								4:30	

Toddlers Rm 11 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
PT PA (5)	6:30						12:30					
FT PA (7)				9:30								5:30
FT PA (8)			7:30								4:30	

Toddlers Rm 12 (14)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
PT PA (5)	6:30						12:30					
FT PA (7)				9:30								5:30
FT PA (8)			7:30								4:30	

Preschool Rm 13 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
FT PA (7)	6:30	----------	----------	----------	----------	----------	----------	----------	----------	2:30		
FT PA (8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA (5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 14 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Flex PA (5)		7:00	----------	----------	----------	----------	----------	1:00				
FT PA (7)				9:30	----------	----------	----------	----------	----------	----------	----------	5:30
FT PA (8)			7:30	----------	----------	----------	----------	----------	----------	----------	4:30	

Preschool Rm 15 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Prog Ldr (6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (7)			7:30	----------	----------	11:00		1:00	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Preschool Rm 16 (24)	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position Hrs												
Prog Ldr (6.4)		7:00	----------	----------	----------	----------	----------	----------	1:45			
FT PA (7)			7:30	----------	----------	11:00		1:00	----------	----------	4:30	
FT PA (7)				9:00	----------	----------	----------	----------	----------	----------	----------	5:00

Preschool Rm 17 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:30			
FT PA	(8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA	(5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 18 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:30			
FT PA	(8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA	(5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 19 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)		7:00	----------	----------	----------	----------	----------	----------	----------	3:00		
FT PA	(8)			7:30	----------	----------	----------	----------	----------	----------	----------	4:30	
Flex PT	(5)							12:30	----------	----------	----------	----------	5:30

Preschool Rm 20 (24)		6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
Position	**Hrs**												
FT PA	(7)	6:30	----------	----------	----------	----------	----------	----------	----------	2:30			
FT PA	(8)		7:30	----------	----------	----------	----------	----------	----------	----------	----------	4:30	
PT PA	(5)							12:30	----------	----------	----------	----------	5:30

- There are 15 total Flex staff. There are 10 Flex staff @ 25 hours each per week who are breakers and substitutes (250 total hours per week). There are 5 Flex staff @ 25 hours each per week who are regularly scheduled in the classroom. Flex are also trained to fill in for front desk clerks and kitchen staff. Flex can work up to 40 hours a week. The number of Flex staff does not exceed the cap of 25%.
- There is 5 Prg. Ld who works 8 hours a week (or 1.6 hr per day) each out of ratio.
- 57-99 FTE turns into 70 staff members.

ACTUAL Number of Direct Care Staff	**Classroom Hours**	**MEO FTE**
15 Flex PA @ 5 hrs per day x 5 days	= 375 hrs per wk	6.99 Flex FTE = 279.6 hrs per wk
5 Prg. Ldrs @ 6.4 hrs per day in ratio x 5 days	= 160 hrs per wk	5 Prg Ldrs FTE = 200 hrs per wk
(5 Prg. Ldrs @ 1.6 hrs per day out of ratio) x 5	= 40 hrs per wk	46 PA FTE = 1840 hrs per wk
10 PT PA @ 5 hrs per day x 5 days	= 250 hrs per wk	**57.99 FTE 2319.6 hrs per wk**
22 FT PA @ 7 hrs per day x 5 days	= 770 hrs per wk	
18 FT @ 8 hrs per day x 5 days	= 720 hrs per wk	
70 ACTUAL STAFF (end strength)	**2315 hrs per wk**	

STAFF CALL-OUTS AND SCHEDULING LEAVE

"What do I do when I have five or more staff calling out sick each day?"

There are some recommendations for dealing with this problem, but the first step is to determine if this is a chronic problem with the same individuals or if it is a chronic problem in general. Either way, you have to take charge of the situation quickly. There are three types of staff call-outs:

- Staff call out because they are ill. If the same individual(s) tends to call out sick regularly, you need to consult with your NAF/APF Human Resources contact to see what your options are. If a staff member has legitimate medical issues, it will need to be documented so that you can explain your variance on the Self-Assessment Tool and at the time of the assessment. A change order may be necessary in a situation where a staff member is on leave for an unusually long period of time.
- A staff member abuses the system on a regular basis. If you believe that an individual is abusing the system, then you must be prepared to take disciplinary action. Your Human Resources contact will provide guidance for you on the necessary steps. It is never a pleasant experience to confront these types of situations, but think about the impact that this has on the children and the rest of your staff. Children need and deserve a predictable, stable environment, and staff needs to know that you are consistent and fair.
- Many people abuse the system on a regular basis. When there is generally a chronic problem within the CDC, meaning there is no pattern of the same individuals calling in sick, but there is a pattern with many different individuals calling in sick on a daily basis, you need to look at the climate in the center. Chronic call-outs by staff are more likely than not a symptom of a personnel problem. It is your responsibility to get to the root of the problem(s). Again, your MEO Compliance Team is a group that can help you problem-solve and come up with some creative ideas.

CDP PROBLEM-SOLVING AND PLANNING MODEL

"The Looking Glass" is a CDP Managers' Problem Solving and Planning Model that may help you. With your team, apply the "Looking Glass" model to the staff call-out problem. An example of the process is provided for you. The "Looking Glass" model uses the mirror as an analogy to the problem solving process. This is a very simple model that can be applied to any problem. It will definitely help you to introduce more structure to your program and develop plans to stay on track with your MEO. When using this with a group, make sure that everyone can see what is being written, since participation is critical, and they will have to come to a consensus during the process.

The basic steps in the process are described on the next page.

1. **The Problem.** Define the problem, and be very specific.

2. **The Goal.** Define the specific goal.

3. **"The Looking Glass"**. Develop "Looking Glass" statements. Think of standing in front of a mirror where you (or the program) are the reality. It is just you and the mirror, and you must be completely truthful. The group at this point does some self-exploration. They look at the whole program and brainstorm all the reasons why they think this problem exists. They then come to a consensus on the statements that best represent why they believe the problem exists. These statements are the closest you can come to the current reality.

4. **The Reflection**. The reflection in a mirror is what you would like to have happen or the opposite of your current reality. Take each of the "Looking Glass" reality statements and turn them into opposite statements. You want to change the current reality. These opposite statements represent your new path.

CDP PROBLEM-SOLVING AND PLANNING MODEL (cont.)

5. **The Strategy**. Take each statement in "The Reflection" and brainstorm ways to make it come true. Come to a consensus on the top strategies for each Reflection statement, and write them down.

6. **Action Plan**. Taking one strategy at a time, apply the Action Plan process. Identify all the specific tasks that need to happen for that strategy.

7. **The Point of Contact**. Identify the point of contact for each task. This person is in charge of that task and responsible for making sure the task is accomplished.

8. **Timeline.** Identify the timeline and a date for an in progress review.

The CDP Management Problem-Solving & Planning Model on pages 47 and 48 will give you an idea of how the process might work.

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"The Looking Glass" **A CDP Management Problem-Solving & Planning Model**	
1. The Problem Define the problem.	An average of six different staff call out everyday.
2. The Goal What would you like to see happen?	Reduce the number of call-outs by half.
3. The Looking Glass Standing in front of the mirror, you are the reality. Look in the mirror and be candid about all the reasons that may contribute to the problem. Come to a consensus on the list of reasons.	1. New staff that call out are feeling overwhelmed. There's no time to train properly or make them feel welcome. 2 Staff do not feel informed or "in the loop, so the gossip causes disgruntled feelings. 3. Because of all the call-outs, staff are tired of working long hours, so it is a vicious cycle. 4. Staff are angry about the RIF and changes in schedules. 5 Staff complain that no one notices the good, just the bad. They do not feel appreciated. 6. CDC is run-down and depressing looking, and the staff lounge is unusable. 7. Some just don't care. It is just a job to them, and they feel no loyalty.
4. The Reflection The reflection in a mirror is the opposite of reality. Turn each of the "Looking Glass" reality statements above into opposite statements.	1. New staff indicate they understand what is expected. They have their training plan and have completed initial training. They have been properly welcomed and appear happy. 2. There is no or very little gossip in the CDC. Staff are kept informed of upcoming changes that affect them through a variety of means. Their immediate supervisor personally touches base with them daily. 3. Call-outs are reduced, and staff are working their regular hours. 4. Staff are not angry because they have been kept well informed and feel supported. 5. Staff feel appreciated by parents, management and each other. 6. The CDC has been spruced up, the lounge has been redecorated, and the building looks very inviting. 7. Everyone cares, and it shows.

"The Looking Glass"
A CDP Management Problem-Solving & Planning Model (cont.)

5. The Strategy Take each statement in "The Reflection", and brainstorm ways to make it come true. Come to a consensus on the top strategies for each Reflection statement and write them down. Each strategy will now transfer to an Action Plan.	1. Develop a "Welcome Committee" consisting of volunteer staff. Formally introduce staff and give bio at next staff meeting/training. Feature staff in newsletter. Schedule one on one time with T&C for training plan, etc. 2. Staff are personally informed by their immediate supervisor of any changes that affect them or their program. Staff meetings are regularly scheduled. Staff newsletter includes highlights of the latest information, etc. 3. No plan necessary. #3 is resolved. 4. MEO education process is put into place (See Chpt1). A meeting with APF/NAF Human Resources has been called to discuss the RIF. Individual consultations have been set up, etc. 5. A CDC Recognition Plan committee is formed which includes parents, staff, and management. Staff Appreciation Week is set for month of April. Annual Recognition Dinner to include spouses is arranged for January, etc. 6. Parent/Staff/Community clean-up day set for twice a year. Staff lounge will be painted and new table and chairs and new lockers purchased. Entryway will display framed children's artwork, etc. 7. If an employee appears disgruntled or displays disinterest in his/her job, then management will address the situation quickly.

SAMPLE
ACTION PLAN

Develop the Action Plan for each Strategy listed in the Problem Solving Model.

ACTION PLAN FOR: Strategy #1. New Staff Welcome & Training Process

Specific Tasks	POC	Resources Needed	Timeline	In Progress Review
1. Introduce concept to all staff. Solicit volunteers. Form "Welcome Committee" Hold first meeting.	Linda Taylor	Volunteer staff Flex to cover during naptime meeting next Wed.	25 Sept	10 Sept
2. Create section in quarterly Staff Newsletter and in monthly Parent Newsletter to introduce new staff	Karen Jones	T&C to provide staff information to Karen on new staff	15 Oct	28 Sept
3. Start Buddy System for new staff for their first 2 weeks of employment, and identify all "buddies". Write up a list of how buddies will assist new staff, e.g. buddy will have lunch with new staff the first day and answer questions, help them find materials, explain lounge clean-up duty, etc. Distribute to buddies.	Karen Jones	Volunteer staff	1 Oct	28 Sept
4. Meet with T&C to discuss initial staff training process. Develop schedule of initial training that includes one on one with T&C and with Director.	Linda Taylor	T&C Director	25 Sept	15 Sept
5. Update Staff Handbook, organization charts, SOP Books and place in each classroom and lounge.	May Smith	Purchase new notebooks	1 Nov	12 Oct
6. Etc.				
7. Etc.				
8. Etc.				

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SCHEDULING LEAVE

Scheduling leave takes careful planning. Here are some recommendations that may help you:

- Decide how many staff you will pre-approve for leave for one day and be sure to take into consideration the unplanned leave situations or call-outs you will receive.
- Some managers have a public leave board in the office and staff lounge that includes a section on call-outs. It has the scheduled leave listed and the call-outs for that day. Not only does it show that call-outs are carefully tracked, but it also tends to reduce the number of call-outs for that same reason.
- To provide a starting point for your planning, ask parents to sign their children up if they will be at the CDC on traditionally low enrollment days (Friday after Thanksgiving, Christmas and New Year's timeframe, etc.).
- Check the historical enrollment and staff leave requests for those valleys and peaks throughout the year.
- Identify the busy months for PCS moves to help you predict staff and child turnover.
- Ensure that staff understand the leave policy and leave request procedure during the employee orientation.
- For holidays and summer, it is wise to establish an early cut-off date for requesting leave and turning in leave requests.
- Many managers enforce a leave cap. For example, maybe only one staff member per classroom can be on scheduled leave at the same time and no more than four overall in the CDC. If you have employees who earn six to eight hours of leave per month, you may need to raise the cap to enable all employees the opportunity to use the annual leave accrued.

SCHEDULING LEAVE (cont.)

- Use a calendar-type planning book so that you can track leave based on when it was requested. This will be helpful for you to plan where and when you will need your FLEX staff, e.g. the classroom, the kitchen, the front desk.

If you publicize the leave policy and procedures and post staff leave and call-outs, everyone is clear about what is expected and how you make your decisions. Make sure that you keep a copy of all leave slips that have gone to payroll. These will go in your assessment file.

Many CDP managers look beyond their own program for help with covering staff in a CDC. Work closely with the School-Age Program and the CDH program to identify potential staff and providers who can substitute in the CDC, especially in emergency situations. Many school-age staff work only in the morning and afternoon, and some providers are only offering hourly or part-time care. Their background clearances are complete, and much of their training is the same. The T&C can help identify additional training that may be required in order to work in the CDC and/or with particular age groups.

TRAINING CHALLENGES

"We have one T&C. She is pulled in many directions, to include conducting both CDC and CDH training, and now staff are getting behind in their training modules."

Training is the key to quality and should occur in different ways, by different people, and in different places. The T&C is not the only one who conducts training. Your MEO depends upon creativity and flexibility and teamwork. Today's CDP personnel need to know how to work in the kitchen and fill in at the front desk and be willing to mop up a spill. They can grow personally and professionally by providing training workshops and serving as mentors.

TRAINING CHALLENGES (cont.)

Too often CDP managers get in a training rut and do not take advantage of all the training opportunities around them. The DoD Training Modules should not be the only training vehicle, and the T&C does not have to be the only one observing the competency and administering the test. Directors and Program Leaders can share in that responsibility. It takes more than one person to ensure that training is truly competency based.

Your training resources extend to all components of the CDP to include the Program Assistants, the Cook, parents, CDH providers, etc. Program Leaders can conduct staff orientations and other types of required training. One Program Assistant may do a workshop on storytelling and felt boards and another on outdoor prop boxes. The Cook may conduct training by engaging staff in a family style dining experience and follow up by observing actual staff implementation in the classroom. You may have a parent who has expertise in woodworking, and can teach a safety class. Don't forget the individuals on your MEO Resource Chart and other subject matter experts on base and in the community who can be resources to you. Training may be conducted by anyone who has been approved by the T&C.

The T&C oversees the training program, develops the training plan/schedule, and ensures that training times and methods reflect variety and efficiency. The training program identifies the various types of training that will be documented on the staff's Individual Training Plans. Training is documented by the T&C only if it has been approved in advance. Besides the DoD Training Modules, valid examples of training that can be documented include:

- Workshops provided by CDP staff
- In-house cross training
- Approved outside workshops
- Observations of other CDP programs
- Role modeling, mentoring, coaching conducted by T&C, Director, or Program Leader, CDH Director, CDH Monitor

TRAINING CHALLENGES (cont.)

- Program Assistant Mentor Program
- CDH Provider Mentor Program
- Special projects
- Readings
- Videos

The types of training you do and when you do it can have a significant impact on your labor costs. CDC and CDH programs should coordinate all training together to ensure that there is no duplication and to maximize attendance whenever possible. Many training topics can be offered to staff and providers in the same session. Some examples include:

- Medication Administration
- Communicable Diseases
- Nutrition
- Family Style Dining
- USDA
- Health and Sanitation
- Fire and Safety
- Child Abuse Identification and Reporting Procedures
- Child Growth and Development
- CPR and First Aid
- Diaper changing procedures

Orientations can be coordinated together during the day since providers are not certified yet, and breakout sessions can focus on CDC or CDH specific training. Other types of training's may occur by program element or group, e.g., age group classrooms, infant/toddler providers, Program Leaders, kitchen staff, front desk, etc. Training times in a CDC are most cost effective during nap times and lunch breaks, but may occur during other times such as early morning, after work, and during staff meetings. Training is conducted in all types of settings to include the classrooms, playground, in the providers' homes, staff lounge, CDH office, local recreation centers, etc. Check with your contacts at Human Resources and other agencies to see what training opportunities they offer.

TRAINING CHALLENGES (cont.)

Find opportunities to include the CDH providers in as many CDC training events as possible, and publicize a CDP training calendar that incorporates local and in-house training. It is difficult for providers to attend day training after they start providing care in their home, but there may be ways they can attend occasionally. If FLEX staff are interested, offer them the training needed to be a back-up provider. This will enable the provider to come to the CDC to do observations, attend some naptime training and other specialized age group training. Arrange for providers to attend local conferences, and create a training exchange program. Meet with outside early childhood program directors to arrange for staff and providers to attend their training, and offer the same in return.

FRONT DESK

"The front desk can be a real challenge. It is a busy place with parents making payments and paperwork to be done and phones ringing. My FT Operations Clerk is the only one who understands all the front desk responsibilities. When one Clerk is out, I have to use the T&C or Program Leader which takes them away from their own duties."

It takes a lot of careful planning and a cohesive team to ensure that the front desk is operating smoothly. The team approach is the only one that will work for your MEO, and that means that more than one person can do more than one job, and one job can be done by more than one person. Study your front desk schedule and identify what times are not covered and why. Sometimes, CDP managers are so accommodating of their staff's personal schedule that the front desk schedule ends up with gaps that cannot be covered. The ideal situation is to do both, but it is not always feasible. If you have one FT and one PT Clerk, all hours of operation should be covered. But for those inevitable times when they are not or when extra help is needed, consider a plan that includes a combination of organized efforts.

FRONT DESK (cont.)

- The most efficient and preventive approach is cross training. Work with the T&C to create a cross training program for Program Assistants, Clerks/Receptionists, and Food Service personnel. All FLEX staff, at a minimum, should be able to cover the front desk. Managers, Program Leaders, and the T&C should also be trained to work at the front desk.

- Limit the days that you will accept payments, and put out reminders to parents. Accept electronic payments. Set up a fee payment drop box for both your and the parents' convenience, and provide receipts at the end of the day by placing them in their child's cubby or in a file box up at the desk. Ensure that patrons do not place cash in the fee payment box.

- Parent drop-off and pick up times are perfect opportunities for you or the T&C or the Leads to be "out front" and visible. Parents need to see management frequently, even if it is just a quick greeting when they come in the door. Schedule these opportunities, and during these times the clerk can attend to or catch up on other front desk duties and paperwork.

- Identify the types of paperwork and filing that do not involve confidential information or collection of monies that can be accomplished by volunteers (which includes parents and teens) or limited duty personnel. Solicit help for duties such as updating front desk, lounge, and entryway bulletin boards, filing, organizing office supplies, running copies, delivering information to staff mailboxes and classrooms, putting together packets needed for training, registration, etc.

Apply this issue to the "Looking Glass" model. That process will help you come up with some creative options that you may not have considered before and that best suit your program.

TIME MANAGEMENT

" As a dual-hatted CDC/CDH Director, I am confused about how I can train providers, visit homes, and run the CDC at the same time."

Time management is important for everyone, not just for those who are dual-hatted, but individuals in dual-hatted positions must be particularly diligent about their time management. If you are dual-hatted as the CDC/CDH Director, you need to develop ways that you can bring the two programs together, so that it truly becomes one CDP. Careful planning and time management will allow you to better meet the needs of both programs. The "Looking Glass" model will assist you in brainstorming opportunities to merge CDC and CDH tasks and events more efficiently. Refer to the sample CDP Time Management Plan for dual-hatted CDC/CDH Directors on page ____. This example shows you what a time management plan for a dual-hatted CDC/CDH position might look like. Time management plans will differ based on the position and the individual.

If your position is not a dual-hatted one, you still need to assess how you manage your time and where you can improve to ensure quality and balance. CDP Managers who say "I don't have time to plan" or "I don't have time to schedule my duties' are the ones who need to do it the most. Feeling overwhelmed, falling behind on deadlines, staying late or taking work home all the time in order to catch up are not excuses to avoid planning and developing better time management skills. The following steps will help you get started:

1) **Use the CDP Time Management Plan Tool provided on page __** to help you identify/focus on what your tasks are and how many hours are available to do them.

2) **Make a list of your tasks and project the average amount of time you need to spend per day or per week or per quarter.** This is not necessarily the amount of time you have been spending on the task. For

TIME MANAGEMENT (cont.)

the most part, major tasks are listed, not the subtasks. Most managers do not list daily tasks, but if you are at the front desk for the last hour each day, then that might be a task you should include in your time management plan. To get an idea of what major tasks look like, refer to the CDP Time Management Tool for the dual-hatted CDC/CDH position.

For example:

- **MEO Planning Time** could be time that you spend learning about the MEO worksheets, working with your MEO contacts to gather information, planning how to fix the variance that showed up in your Self-Assessment Tool, setting new goals, etc.

- **Marketing** might include meeting with the marketing staff, writing an article for the base newspaper, speaking at a local event, etc.

- **CDC/CDH Evening Training/Meetings** is for both programs and could be a specific training that both need, a meeting to address general CDP issues, a CDP recognition night, etc.

- **Classroom Observations** might include accreditation observations, role modeling for staff, child observations, assisting with room arrangement, etc.

- **Parent Interactions** could be meetings (one onone or in a group), time you set aside to greet parents in the morning or afternoon, working with parent volunteers, orientations, etc.

- **Front Desk** might include a meeting with the Clerks, time you spend covering the desk, time you spend on anything that the Clerks generate or need from you, etc.

TIME MANAGEMENT (cont.)

3) **Identify areas on which you have been spending too much or too little time.** You may be able to delegate a task to someone else or you may have to admit that you spend more time on tasks that you love and less on those you dislike.

   - For example, you may be a "people person" manager whose "open door" policy has turned into a revolving door of constant interruptions, and although you enjoy people and working with your staff and the parents, you have fallen behind on the paperwork and the necessary planning needed to implement your MEO. This is because you have not balanced your time carefully.

4) **Write the task and the time down on the CDP Time Management Tool, and transfer it your calendar for the week/month.** The tangible process of writing the task and the time down seems to hold managers to a tighter, more efficient schedule.

5) **Differentiate between and list separately the tasks that are conducted daily, weekly, monthly, quarterly.**

   - For example, you would most likely not lump all training together under one task labeled "training" or under one occurrence such as "weekly" on your chart. If some training happens weekly and some other type occurs monthly, you need to have a separate row for each in order to identify what is different about the weekly and monthly training and to track those hours. Maybe the monthly training is evening training, so it would be listed as such (see numbers 10, 11, and 12 on the sample dual-hatted CDC/CDH chart). Any time you recognize that tasks occur daily, weekly, monthly, or quarterly task, it must be listed separately.

TIME MANAGEMENT (cont.)

6) **Do not fill your time management plan with 40 hours per week.** You should allow for approximately 8-12 unplanned hours per week. This provides you with the flexibility you need to respond to unexpected events, emergencies, etc.

   - For example, look at the weekly, monthly, and quarterly totals on the sample dual-hatted CDC/CDH time management chart. The total hours are 360 per quarter. Since there are 480 hours/12 weeks in a quarter, a 360-hour plan would allow for approximately 10 hours per week left over.

SAMPLE

CDP TIME MANAGEMENT TOOL

CDP Position: Dual-Hatted CDC/CDH Director

MAJOR TASKS	DAY	WK	MO	QTR
1. MEO Planning/Review Time		5 hrs		
2. MEO Compliance Team Meeting		1 hr		
3. Self-Assessment Tool/Tracking Forms		1 hr	1 hr	3 hrs
4. MEO Compliance Review				2 hrs
5. NAF/APF Budget review/variance analysis		1 hrs		
6. Marketing			2 hr	
7. Staffing/Scheduling		2 hrs		
8. Staff Meeting/CDC		1 hr		
9. CDH Staff Meeting		N/A		
10. Training/CDC			1 hr	
11. Training/CDH			2 hrs	
12. CDC/CDH Evening Training/Meetings			2 hrs	
13. Home Visits/Inspections			8 hrs	
14. Classroom Visits/Observations			7 hrs	
15. Parent Interactions		5 hrs		
16. Front Desk		4 hrs		
17. Kitchen		1 hr		
18. Facility Issues			1 hr	
19. Safety, Fire, Health Inspections/Follow-up			2 hrs	
20. Special Projects				1 hr
21. Outside Meetings		2 hrs		
Total Hours:		**23 hrs**	**26 hrs**	**6 hrs**

NOTE: There are 480 hours/12 weeks in a quarter. This plan uses 360 hours per quarter. It is recommended that your plan account for an average of 360 hours. Allow 8-12 hours per week that will be left over and not included on the time management plan.

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CDP TIME MANAGEMENT TOOL

CDP Position: _____

MAJOR TASKS	DAY	WK	MO	QTR
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
Total Hours:				

NOTE: There are 480 hours/12 weeks in a quarter. This plan uses 360 hours per quarter. It is recommended that your plan account for an average of 360 hours. Allow 8-12 hours per week that will be left over and not included on the time management plan.

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STAFF AND PROVIDER RECRUITMENT

"*Filling the Cook position as a NA-4 is tough because we are in a high cost of living area, and they can make so much more outside the gate."*

"As the CDH Director, I feel pressure to increase the number of providers. I'm afraid that by the time the assessmentors come, factors out of my control will cause the number to drop, and we won't be in line with the number in our MEO."

CDP Staff. Marketing is a very important factor in filling the position with the right person for the job at the salary your MEO can afford. Consult with your MWR Marketing point of contact for guidance on how to advertise a position if you are having trouble filling it. Document your marketing efforts and the impact during your quarterly MEO Compliance Review. Propose an aggressive marketing plan to your chain of command. This plan will have to be approved by your chain of command and any additional costs to the MEO documented. You may be asked to cut back somewhere else in order to accommodate your plan, or you may qualify for a change order. For your plan, consider the following:

- Advertise the position with the salary at the middle or high end of the pay band.
- Advertise a sign-up bonus and retention bonus after a designated period of time.
- List training opportunities that go beyond in-house training, i.e. conferences, workshops, etc.
- Ensure that announcements are DoD wide.
- If there are other military services nearby, advertise in their military newspapers and on those installations.

STAFF AND PROVIDER RECRUITMENT (cont.)

- For Food Service personnel, advertise at nationwide specialized schools, community colleges, colleges and universities that feature culinary arts and food service programs.

- Include vacancies you have or are anticipating in a job fair. Some job fairs are done jointly with other programs or services. Advertise the list of positions and that all applications and interviews are completed onsite. Job fairs can be held at the CDC, so that people can see the environment and get a feeling for what it would be like to work there. Job fairs are also effective outside places like the commissary and Exchange or downtown near a college or university.

CDH Providers. Refer to the section in your MEO on recruiting and retaining CDH providers. If you were not involved in developing the recruitment and retention plan for your specific program, you need to familiarize yourself with it so that you can meet your CDH goals. Additionally, in Chapter Six of the CDP FA Guide, there is a description of direct care subsidies and cash and non-cash incentives for providers. If the number of providers is lower than the MEO number at the time of your assessment, you will need to provide documentation of CDH recruitment efforts as well as any special circumstances that interfered with growth of the program.

For example, if enrollment is down or rooms are empty at the CDC(s), you must re-evaluate your provider recruitment plan. The focus for provider recruitment is on care for children under the age of two (unless the CDC has vacancies in that age group) and if applicable, special needs care, hourly care, and extended hours care. If the CDC preschool program is not fully enrolled, you should not be recruiting providers to care for preschool age children. Even if it is only temporary, you may have to stop provider recruitment if:

STAFF AND PROVIDER RECRUITMENT (cont.)

- All or most age groups are under enrolled at the CDC.
- The CDC has an enrollment of less than 85%.
- One or more rooms are not open.

ENROLLMENT AND AGE GROUP DISTRIBUTION

"*In order for my CDC to meet the 60/40 age group distribution standard, I have to open another preschool room with 24 children. Right now that room is vacant because I only have five on the wait list. I have plenty of infants and pretoddlers on the list, though."*

Sometimes a change order may be necessary if you cannot meet the age group distribution standard (no more than 40% under the age of two) or your enrollment. Before you ask for an exception, you will need to gather proof of how you attempted to meet the standard. The following are recommendations that should be considered. Remember to document your efforts.

1) **Remember the total CDP concept**. This means that the CDC Director and the CDH Director work closely together to ensure that the CDP MEO is a success. CDC and CDH Directors must discuss and identify how both programs are pursuing the goal for the 60/40 age group distribution in the CDC. This includes how both are supporting the increased preschool enrollment in the CDC and the increased infant/pretoddler enrollment in CDH.

2) **Plan marketing strategies together**. For example, if programs do not communicate and plan together, you could end up with CDH initiating an aggressive provider recruitment program while the CDC has empty rooms. A joint meeting with your contact in MWR Marketing will help you develop the best plan for the total CDP.

ENROLLMENT AND AGE GROUP DISTRIBUTION (cont.)

- Besides the traditional means of marketing (e.g. newspapers, marquees, advertisements, etc.) try some different approaches. Brief specific groups at locations where military and/or DoD civilian are likely to work such as hospitals or schools. Make a short video on the preschool program and one on CDH infant/toddler care, and distribute it to the in-processing center, housing office, hospital clinics (especially Well Baby clinic, OB, and pharmacy), Navy Inns, etc. Ask the local hospitals to make child care information available to the mothers of newborns.

3) **Monitor the success of the CDH subsidy program together.** CDC and CDH Directors discuss how the CDH subsidy program is contributing to the success of their CDP MEO. What is the status of the subsidy program? Has it begun? What is the potential for growth? Does the plan target increased CDH enrollment for children under the age of two and encourage preschool enrollment in the CDC?

4) **Educate parents**. CDC and CDH Directors work together to educate parents about each other's programs, emphasizing the CDP concept of equal quality.

- Put together a plan to educate the parents of infants and pretoddlers on the Preferred Care Wait List for CDC about the advantages and quality care offered in CDH. Invite the community and the parents of those on the wait list to an open house for CDH, which will be hosted by both the CDC and CDH Directors. Schedule tours of CDH providers' homes.

- While you are trying to increase the infant/pretoddler enrollment in CDH, you are also trying to increase the preschool enrollment in the CDC. The CDH Director should be sharing the information about

ENROLLMENT AND AGE GROUP DISTRIBUTION (cont.)

CDC preschool vacancies with the current CDH parents and those preschool parents on the Preferred Care Wait List for CDH.

- Instead of separate newsletters, CDC and CDH Directors publish one CDP newsletter that highlights both programs. If you find that you need separate newsletters some of the time, you might publish a total CDP newsletter once a quarter and publish separate program newsletters two months of the quarter.

- Include the public in your parent education classes. CDCs can offer a quarterly brown bag lunch workshop that focuses on preschool age children and the most common issues and concerns that parents have. CDH can do the same, offering workshops on infant/pretoddler specific issues.

5) **Educate CDP staff**. CDC and CDH Directors educate each other's staff about the total CDP concept and openly support each other's programs.

- Plan training's together, and hold a quarterly CDP Recognition Night to recognize both CDC and CDH.

6) If parents are finding that preschool is less expensive at state funded programs, you may need to investigate the possibility of sponsoring a class at your CDC. Meet with representatives to discuss the options.

7) If you have demonstrated that you cannot meet the preschool MEO enrollment because there is no need or there are circumstances that prevent you from meeting the requirement, you must prepare a MEO change order request (see Section II). You will need to show how you plan to utilize the space and what the financial impact will be. Hourly and part-day preschool programs must be approved and be self-sufficient.

PARENT FEES

The Navy CDP FA Guide provides parent fee guidelines and fee policy guidance. Parent fees are based on total family income, and DoD provides the fee scale for each school year. Typically, each year results in a $1 - $2 increase per week for each income category. Your MEO projects what the fees will be based on historical and current data. In situations where there has been a dramatic change in your CDP population that affects the number of patrons in the fee income categories, or if DoD makes changes in the fee schedule, such as not providing the historical 1.5% increase in the fees, you may need to request a change order to your MEO.

If the Self-Assessment Tool reveals parent fee variances, the MEO Compliance Team will need to address the following:

- Focus on maximizing utilization of all CDC spaces to increase fee revenue, and ensure that CDC spaces are filled rapidly.
- Require a deposit to hold the CDC space once parental commitment is made.
- If you have a sibling discount, apply the discount to the less expensive form of care if the siblings are enrolled in different programs, e.g. one child in full-day and a second in part-day or school-age.
- If part-day and hourly care programs are offered, ensure that they are self-sufficient.
- Set a review date(s) for all hardship cases to determine if there is still a need for the patron reduced fees.
- Require patrons to provide 2 weeks notice (except for short notice military orders and emergencies) or pay for the 2 weeks.
- Be consistent with application of late fees.

MY NOTES

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NAVY CHILD DEVELOPMENT PROGRAM (CDP) MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL SECTION I

CHAPTER 4

Managing the Wait List

PURPOSE

"*At our base, we have a long wait list for the CDCs, especially for children under the age of two. Additionally, since we have two CDCs, some parents are on both wait lists, and that makes our demand numbers look higher than they really are. We have spaces available in CDH, but some parents would just rather have the CDC."*

The Navy CDP has established a central enrollment and wait list system to ensure that the number of children who truly need child care are accurately reported. The system also accommodates parents' preferences and guarantees consistent and equitable service to all patrons. This chapter will provide definitions, procedures and scenarios to assist you in implementing the new wait list management system.

CENTRAL ENROLLMENT AND WAIT LIST DEFINITIONS

Include these definitions in your staff and parent handbooks.

- **Central Enrollment Registry:** A registry of all children enrolled in the installation CDP. The CDP wait list is a part of the central enrollment registry.

- **CDP Resource and Referral:** CDP service that provides information to patrons about child care services on and off base in order to best meet the patron needs. Referrals are made to viable child care options, which include child development centers and child

CENTRAL ENROLLMENT AND WAIT LIST DEFINITIONS

development homes. When a viable option is not available, referrals are made to any licensed and accredited child care option off base.

- **Sponsor Priority for Care:** The priority for care in the CDP is as follows: In all cases, the first priority is given to children of active duty military and DoD civilian personnel who are either:

  (1) Single parents; or

  (2) Whose spouse is employed on a full-time basis outside the home or is a military member on active duty. Base Commanders determine on a case-by-case basis whether a spouse employed on a full-time basis but working within the home qualifies for first priority treatment. This is followed by:

- **Demand for Care:** The number of children whose parents requested child care in the CDP.

- **Viable Care Option:** Care in the Navy CDP that meets the requesting patron's schedule. A viable care option reflects the *program type* (full day, hourly, part day) and the *age group* (infant, toddler, preschool). Viable care may be on or off the base and at any location convenient to either the home or workplace but is part of the Navy CDP (CDC, CDH).

- **Preferred Care Option:** The system (CDC or CDH), location (specific sub-community, CDC, specific CDH provider) and type of care (full day, part day, special needs) that parents prefer for their children. For example, a viable option, such as a CDC space for a full day infant may be available, but the parent may prefer a CDH provider.

- **Excess Demand:** The number of children whose parents (military and civilian) request military child care

CENTRAL ENROLLMENT AND WAIT LIST DEFINITIONS

and for whom no Navy sponsored or operated space if available. Children may be receiving care in one program type (i.e. hourly, part-day) and still be considered an excess demand for another program type (full-day).

- **Excess Demand Wait List:** The list that reflects excess demand for child care. This wait list includes the names of all children who are waiting for care and who are not currently enrolled in a viable care option in any Navy CDP (CDC, CDH). These numbers are reported to PERS-65 and Department of Defense (DoD). Children move from the Excess Demand Wait List to the Preferred Care Wait List when parents:

  a. Accept care in a location or type of care, which is not their preferred care option.
  b. Decline a viable care option and choose to wait for their preferred option.

- **Preferred Care Wait List:** This is a sub-wait list that reflects the parents' preference for a specific type of care (CDC, CDH) or location (specific sub-community or CDC or child development home).

  1) Children on this sub-wait list are receiving viable care in the Navy CDP, but it is not the parents' preferred care option (e.g. child is receiving care in one CDC but parents want another CDC, or child is in CDH but parents prefer CDC, etc.);

  or

  2) Parents have declined a viable care option (e.g. CDH) that has been offered and have chosen to continue with their current care arrangements while they are waiting for their preferred care option (e.g. CDC). *Children on this list are not reported as excess demand.*

CENTRAL ENROLLMENT AND WAIT LIST DEFINITIONS (cont.)

- **Projected Demand List:** This is a sub-wait list that includes unborn children and children transferring to the base.

  1) Unborn children are on the projected demand list by sponsor priority and date of application until birth. *They are not considered excess demand until birth.*

  2) Parents who are transferring to the base may request care prior to arrival. These children are placed on the projected demand list by sponsor priority for care and date of request for care. *Children on this list are not considered excess demand until they arrive at the base.*

- **Unmet Need:** The number of children whose parents cannot work because no viable care option is available. Unmet need is captured on the Excess Demand Wait List and reported to PERS-65 and DoD.

The following describes the central enrollment and wait list procedures:

CENTRAL ENROLLMENT REGISTRY

The purpose of the Central Enrollment Registry is to:

1) Ensure that all CDP (CDC and CDH) vacancies are tracked centrally, monitored closely, and filled quickly in order to maximize utilization of child spaces.

2) Provide convenient and efficient customer service to patrons at a central location. Information about the Navy CDP, registration procedures, wait list status, and resource and referral assistance is provided.

3) Maintain demographic data for all Navy child development programs.

CENTRAL ENROLLMENT REGISTRY (cont.)

The Navy CDP Wait List is part of the Central Enrollment Registry. It is imperative that a standardized wait list system be in place in order to provide fast, efficient, and fair service to patrons and to ensure that accurate information regarding excess demand and unmet need be reported to PERS-65 and DoD. Too often there is double counting of children who are on more than one wait list. This inflates the demand numbers for Navy child care which, in turn, increases the projected cost that would be needed to meet the unmet demand.

An efficiently managed central enrollment registry and wait list is the key to maximizing utilization of CDC and CDH spaces. It also helps identify program expansion needs.

The Navy is committed to providing a viable care option to patrons. The Navy has achieved that goal when care is available in the CDP, which means either the CDC or CDH. Taking parental choice into consideration, once a viable care option is offered (the parent can accept or decline), the Navy will move the child's name to the Preferred Care Wait List and offer the preferred choice if and when it becomes available. Consideration may be given to offering an incentive to patrons who accept care in other than their preferred care option, i.e. waiving the registration fee.

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES

CDC and CDH Directors must work closely together to ensure successful implementation of the central enrollment process. Directors maintain responsibility for internal moves of children. Internal moves are made before the Central Enrollment Registry is notified of a vacancy.

- **Wait List Management Procedures**. Procedures must be developed in order to:

  1) Ensure that vacancies in CDP full day and part day programs are filled in a consistent and equitable manner.

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES (cont.)

2) Fill all vacancies in CDC and CDH. Spaces may only be filled with the next eligible patron from the excess demand wait list or the preferred care wait list.

3) Document the true excess demand for child care.

4) Accommodate the patrons' preferred care option.

5) Monitor the unmet need in the CDP.

- **Excess Demand Wait List.**

1) The Excess Demand Wait List maintains the names of patrons who are not enrolled in a Navy CDP. Patrons who are offered a viable care option in CDC or CDH and decline the offer are not counted in excess demand. Also, patrons who are enrolled in one Navy program type and waiting for another (i.e. enrolled in CDH and waiting for CDC space) are not included in excess demand.

2) Separate wait lists by program or facility or location are not authorized. Patrons may put their names on the Preferred Care Wait List.

3) Patrons will be offered the first viable care option that becomes available. If it is not the patron's preferred care option, there are two choices. The patron may take the space offered until the preferred option is available or decline the space offered. Either way, the patron is removed from the excess demand list.

   a. If patrons decline because they prefer a different program type or location (i.e. CDH instead of CDC, a specific CDC or a specific housing area or provider instead of what is offered, etc.), they are moved to the Preferred Care Wait List effective the day they decline the space. They will no longer be considered as excess demand.

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES (cont.)

If they accept the viable care option space that is offered, but they are waiting to get their preferred care option, they are placed on the Preferred Care Wait List as of the date they accept the viable option space offered. They are no longer considered excess demand.

- **Preferred Care Wait List.** This is a sub-wait list.

  1) This sub-wait-list is established to:

     - Assist patrons who wish to move from one program type to another (e.g. CDC to CDH, CDH to CDC).

     - Accommodate patrons who were on the Excess Demand Wait List and declined care that was available in order to wait for their preferred care option.

     - Help patrons get the care they want in a specific CDC or CDH home or housing area.

  2) Children on the Preferred Care Wait List are placed based on a first come, first serve basis.

  3) The Preferred Care Wait List is organized in such a way that reflects patrons' choices of program types and locations and by the age of the children.

  4) Patrons are offered spaces in their preferred care option as vacancies become available.

  5) If patrons on the Preferred Care Wait List accept a space offered, the space they vacate is offered to the first eligible patron on the Excess Demand Wait List for whom this would be a viable care option.

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES (cont.)

6) Patrons on the Preferred Care Wait List who decline care that meets their preference will be removed from the Preferred Care Wait List unless an exception is made from the CDP manager with oversight of the stand alone or regional program. Once a space is offered, any delay in the start of care must be paid for by the patron until the child enrolls.

- **Projected Demand Wait List**. This sub-wait list includes unborn children and transfers.

  1) Unborn children are maintained on this list by sponsor priority and date of application until birth. They are not considered excess demand until birth. At birth, they are placed on the Excess Demand Wait List based on sponsor priority and the date they originally requested care. If a space becomes available between birth and the time that the space is needed (up to six weeks), the parent may accept the space and pay for it until the child is actually enrolled, or the parent may decline the space, but remain at the top of the Excess Demand Wait List until a space is available after the child is old enough to enroll in the CDP.

  2) Children transferring to the base whose parents have requested care prior to arrival are placed on this sub-wait list and maintained by sponsor priority and date of request for care. Once the child arrives on base, the original date of request and sponsor's priority will be used to determine placement on the Excess Demand Wait List. The original date of request will be used if the patron is placed on the Preferred Care Wait List.

- **Filling Vacancies.** The process for filling vacancies is described below:

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES (cont.)

1) The CDC or CDH Director first fills a vacancy in the CDP through any necessary internal moves (e.g. an infant is moved to a toddler space). The director informs the Central Enrollment Registry point of contact the type of space that is available and can be filled from the wait list.

2) A newly available space in the CDP is offered to patrons on the Preferred Care Wait List.

3) The first patron on the Excess Demand Wait List then fills the space vacated by that patron on the Preferred Care Wait List (e.g. Patron on Preferred Care Wait List is receiving care in CDH and is offered their preferred care option in a CDC. Patron on Excess Demand Wait List is offered the space in CDH.)

4) When a CDH provider leaves the program or if a CDC is closed, children in care will be placed at the top of the Preferred Care Wait List to ensure that they are placed before anyone else on the list.

5) CDP personnel and providers are not authorized to accept children into the program unless they have come from Central Enrollment Registry and the Excess Demand and/or Preferred Care Wait List.

6) Special consideration should be given to placing siblings in the same location when possible.

7) Patrons are reminded to inform directors of their expected date of departure to ensure internal changes can be made without leaving a space vacant between children. CDPs may consider an incentive of one-week free care for a one-month notice or they may require payment for two weeks if patrons do not inform the CDP of their departure date.

CENTRAL ENROLLMENT AND WAIT LIST PROCEDURES (cont.)

8) CDPs need to establish procedures to validate each entry on the CDP wait lists quarterly. Parent verification should occur every three months after the initial placement on the wait list to confirm their interest in remaining on the list. It is recommended that procedures be implemented which hold parents responsible for contacting the CDP rather than CDP personnel having to contact parents.

9) Frequently asked questions and sample wait list and central enrollment scenarios are provided at the end of this chapter.

- **Evaluation.** The Central Enrollment Registry, the Excess Demand Wait List and sub-wait lists will be reviewed by [**insert**] during inspections and with patron satisfaction surveys.

CENTRAL ENROLLMENT AND WAIT LIST MANAGEMENT

Questions and Answers

1. Why is the Navy CDP implementing this policy?

- The policy is being implemented to ensure that the Navy CDP accurately reports the number of children who truly need child care (children for whom there is no viable care option in any Navy operated or sponsored CDP setting).

- The Navy wants to accommodate parents' preferences. The Preferred Care Wait List supports parental choice by eventually offering 1) the desired type of care (CDC, CDH), 2) the location (base, sub-community) or 3) specific CDC or provider.

- The Navy CDP wait list system is a fair way of ensuring all patrons are served in a consistent and equitable way.

2. What is the difference between excess demand and unmet need? Are they the same?

- Excess demand is the number of children whose parents request Navy child care and for whom there is no CDP space available. Unmet need is the number of children whose parents cannot work because child care is not available. They terms may be, but are not always synonymous.

3. Are children who are receiving care in one program type such as hourly or part-day considered excess demand for full-day?

- Hourly and part-day care should not be used as a temporary solution for full-day care. However, a child enrolled in part-day care whose parent is looking for full-time employment may be on the Excess Demand Wait List if full day care is not available.

4. How do we know when to go to the Excess Demand Wait List and when to go to the Preferred Care Wait List?

- Generally, you go to the Preferred Care Wait List first. You offer the newly available space to the first person with a child the appropriate age on the Preferred Care Wait List. If that person is using another CDP option, then the space that the person vacates is offered to the first person on the Excess Demand Wait List. For example, the Smiths have an infant and are using a CDH provider, but their preferred option is the CDC. When an infant vacancy becomes available in the CDC, the Smiths are offered the space. They accept and vacate the infant space with the CDH provider. That infant space is now offered to the first person on the Excess Demand Wait List who needs an infant space.

5. If a patron on the Preferred Care Wait List declines an offered space, is that space offered to the next person on the Preferred Care Wait List or to the first person on the Excess Demand Wait List?

- The person who declines the space is removed from the Preferred Care Wait List. The space is then offered to the next person on the Preferred Care Wait List. If this person accepts the offer, then the space the child vacates (if it is a Navy CDP space) is offered to the first person on the Excess Demand Wait List.

6. When do you go by sponsor priority and when do you go by "first come first serve"?

- Patrons on the Excess Demand Wait List are served by priority. On the Preferred Care Wait List, you go by the date the preference was requested.

7. Why should a parent who has turned down an offered space be accorded the same status on the Preferred Care Wait List as a parent who has accepted care with the CDP and is therefore a registered patron?

- The parent who declines an offered space has made the choice to wait for the preferred option. The Navy has met the goal to offer a viable care option and has moved that parent to the bottom of the Preferred Care Wait List. Parents

who accept care within the CDP, which is not their preferred option will be offered their preferred care option as soon as their name reaches the top of the list. If both sets of parents want the same option, the parent who accepted the CDP placement while waiting is the first to be offered the vacant space in the preferred option because of the placement on the Preferred Care Wait List.

8. Are Preferred Care Wait Lists set up by age of the child?

- It is recommended that they be set up by age group. This helps monitor the vacancies as they occur in each age group.

9. What happens when a child changes from, for example, the toddler age group to the preschool age group, and the child is on a Preferred Care Wait List for the toddler age group?

- The child is placed on the preschool age group list based on the original date the child was placed on the toddler list.

10. What if the child is already enrolled in a CDP and changes age groups?

- Movement of enrolled children from one age group to another is an internal move. These moves occur before filling a space from the wait list.

11. What happens when a parent dis-enrolls their child for the summer and returns in the fall?

- If a parent chooses to dis-enroll their child for the summer, they must compete for space in the fall on the Excess Demand Wait List with all other eligible patrons. When they are placed on this wait list, however, they will not be able to use their priority on the list. You may consider an exchange type program for child care spaces in the summer. For example, if a child leaves for the summer, perhaps to spend the summer with a divorced parent, the CDP helps parents by "renting" the space to someone who needs care only for the summer or to someone on the Preferred Care Wait List who is willing to take the care for a predetermined length of time.

12. Clarify placement on wait list(s) as it pertains to transfers.

- Actual placement on the Excess Demand Wait List occurs when the child arrives on the base. Placement is based on the parent's priority and the date on which care was originally requested. For example, a single military parent who requested care three months prior to arriving at the base is placed on the Projected Demand Wait List until the parent arrives. This parent could come to the base and be the first name on the Excess Demand Wait List if all other single military parents on the list requested care after this parent. Patrons on the Projected Demand Wait List are not counted as unmet demand until they arrive on the base. If a position became available, they would not be able to accept the space since they have not arrived.

13. If a patron uses the priority status for one child, can the patron use the same priority for other children in the family?

- A parent has the same priority status for each child in the family. The priority is used for each child only one time per a parent's assignment to the base.

14. Is tracking unmet need really necessary? Does this list include only those who are looking for a job? How do we ask that question?

- Tracking unmet need is a Department of Defense (DoD) requirement. The unmet need list includes all persons who cannot work because there is no viable care option available. It is the CDP's responsibility to ask "Is your inability to accept employment due to lack of viable child care?"

15. Who is responsible for comparing the quality of off-base care options?

- Parents are responsible for comparing quality of off-base care options. When the CDP makes a general referral off-base, it is only to state licensed and centers and providers. ***The Navy CDP may refer but never recommends a child care setting.*** A referral is always neutral and nonjudgmental. No personal opinions or references to quality are offered.

- When a referral is made to an off-base center where the Navy has contracted spaces, those centers are not only licensed but also accredited or in the process of becoming accredited.

16. How many CDH referrals constitute a "viable option"?

- Normally, parents should be given at least three CDH options. If only one home has an opening, the parents could also look at two who have upcoming openings. If the parent needs specialized care, e.g. extended hours, special needs, etc., there may be fewer options. Local policy will determine how many CDH provider names can be refused before removing the patron from the wait list.

17. Will there be a software package for record keeping?

-

18. Why should parents of children under six weeks of age pay for the space when it comes available if the child is not eligible until the age of six weeks?

- Parents are not required to pay for space for a child under six weeks. Parents may turn down a space offered before a child is eligible and stay at the top of the list. However, the CDP is willing to hold an infant space in a CDC or in CDH if parents choose to pay for the unused space in order to have it available when the child is old enough to be placed. If infant spaces are infrequently available, a parent may choose to accept a space when a child is four weeks old rather than wait for the next available space when the child is twelve weeks old.

19. Should there be another category in the Projected Demand Wait List along with unborn and transfers? This would be for children currently at the base who have a need for care in the future. For example, a parent has custody of children during the summer months; parents are adopting; parents are planning to go to work or school, etc. They would not be considered excess demand until the date care is needed.

- If there is a need at your base for such a category, go ahead and include it. Be sure these children are not counted as excess demand until they arrive on base and that they are handled fairly.

20. Will the wait list policy discourage potential CDH providers?

- The policy should actually encourage potential providers. One common complaint is the lack of referrals that providers receive.

21. Would a newborn with a sibling already in a child development home which has an infant vacancy be offered that vacancy before someone from the Preferred Care Wait List or the Excess Demand Wait List?

- This is an installation policy decision. Local procedures should be clearly stated in the parent handbook.

22. How can we get parents to call and verify their continued desire to remain on the wait list?

- Provide parents with a thorough briefing at registration and clear information in the parent handbook. The CDP could provide parents with a list of callback dates and have parents sign a statement of understanding during the registration process about their responsibilities and that failure to call results in removal from the list. Exceptions can be made on a case-by-case basis.

23. Parents may have a hard time understanding the wait list policy. One wait list with sub-wait lists is confusing. A parent might not understand that he is #10 on the Excess Demand Wait List and moves to #20 on the Preferred Care Wait List because he turned down a CDH space and wants a CDC space. The question "Where is my child on the wait list?" is a common one.

- Command and parent education are essential to the success of the wait list policy. Emphasize that it is important to offer and place children into a program that provides quality and affordable care even if it is not the preferred care option. The Navy has met the goal of providing care in a viable option. The Navy also meets the need of the patron by providing care that is a preferred option. The goal is that both CDC and CDH should be providing equivalent quality service. As far as giving a number to the parent, it is discouraged to give a parent a number on the wait list without a complete explanation of what the number means and a projection for when a child will be placed.

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Central Enrollment and Wait List Scenarios

SAMPLE 1

Lt. Tom Mason and his wife Jane Mason have two children, Janie (18 months) and Tommy (3 years). The Masons arrive at Somewhere Naval Base on 15 June 2002. Because they are dual military and need to report for duty by 1 July, they need child care immediately. They go to the Central Enrollment office which provides registration and resource and referral services. It is located in the CDH building next to the CDC. The Masons know they will be living on the base eventually, so they want child care on the base. After receiving information about on base programs, they request a CDH provider who can offer extended hours care when needed. They prefer for both children to be with the same provider.

The clerk, Ms. Jones, checks the database and finds that there are no CDH providers currently available with a vacancy for both an 18-month-old and a 3-year-old. The Masons ask if there are any licensed civilian home providers off the base. The clerk provides them with the names of three off base licensed providers within 5 miles of their current residence who have vacancies. The off base licensed providers give vacancy information to the office monthly, so the referrals are up to date. The Masons interview the providers and return to the office the next day to let Ms. Jones know that they have selected an off-base civilian CDH provider. They still want the on-base care when it becomes available.

Ms. Jones places the Mason children on the CDP Excess Demand Wait List as of 15 June as category two patrons (dual military) because there is not a viable CDP option available. Ms. Jones explains how the Excess Demand Wait List and the Preferred Care Sub-Wait List work at Somewhere Naval Base. The Masons are responsible for calling the Central Enrollment office by the 15th of September (three months after they originally placed their names on the Excess Demand Wait List) to verify that they want to remain on the Excess Demand Wait List. On 1 August, Ms. Jones calls the Masons to see if they are satisfied with the placement in the off-base provider's home. Everything is going well.

On 5 August 2002, Ms. Jones calls the Masons to tell them there is a space in the CDC for both children. In accordance with base policy, the Masons have two days to visit the CDC, meet with the director and decide whether or not they want to accept the space. The Masons decide that since they have not moved into quarters yet, and since the children are happy in the current off-base civilian provider's home, they will turn down

the CDC spaces and wait for an on-base CDH provider. Ms. Jones explains that they will now move from the Excess Demand Wait List to the Preferred Care Sub-Wait List as of the 5 August 2002 date. (The Masons are no longer considered part of the base excess demand because they have been offered on-base care and turned it down.) Ms. Jones reminds the Masons that their new wait list confirmation timeframe is by 5 November, three months after their name was placed on the Preferred Care Wait List.

On 23 September, Ms. Jones calls the Masons. Two on-base CDH providers will have openings in the next three weeks. Ms. Jones arranges for the Masons to visit both homes. After visiting and interviewing, the Masons choose Vicky Smith's home. Ms. Jones then arranges for the Masons to meet with the CDH Director, Ms. Lee. The Masons give notice to their off-base civilian provider and complete the registration forms for on-base CDH enrollment. The Masons name is removed from the Preferred Care Wait List. On 12 October 2002, Janie and Tommy go to Vicky Smith's home for the first time.

SAMPLE 2

On 15 May 2002, SN Susan Thomas, PO2 and Mrs. Martin, and Lt Tim and Lt. Mary Wood arrive at the CDP Central Enrollment office at approximately the same time. They are all new to Somewhere Naval Base, and they all need child care. The clerk, Ms. Jones, explains the base CDP to them as a group. They fill out the intake forms indicating the type of care they are interested in.

SN Thomas has a 3-month-old son and prefers CDH. She is a category 1 patron sponsor priority (single). There is currently space in two CDH providers' homes (Karen Brown and Judy Butler) for an infant, so she is given a referral to those homes and to one other home, which will have an opening in a month. SN Thomas selects Karen Brown. SN Thomas fills out the CDP registration forms, and Ms. Jones arranges for her to meet with the CDH Director. SN Thomas's son is enrolled in the home by 17 May 2002.

Lt. and Lt. Wood prefer CDC for their 3-year-old son and 6 month old daughter. They are category 2 patron sponsor priority (dual military). There are no CDC spaces available for both children, and the Woods have requested that both children be placed in the same CDC at the same time, even if they have to wait a little longer for CDP care. However, there is a CDH provider, Judy Butler, who has a space available for the 3-month-old and a space for their 3-year-old. Ms. Jones offers the Woods the CDH spaces, and they decide to interview the provider. On 18 May, they decide to enroll their two children temporarily in Judy Butler's home, but they still prefer the CDC. They are placed on the Preferred Care Wait List for CDC spaces. Because the Woods selected a CDP viable option, they are placed on the Preferred Care Wait List based on the 18 May date of their selection. The Woods are not considered excess demand. However, their placement on the Preferred Care Wait List ensures they will be offered the first CDC spaces available after they reach the top of the Preferred Care Wait List. Ms. Jones explains that they will need to confirm their desire to remain on the Preferred Care list by 15 August.

PO2 Martin and his wife prefer CDC care for their 3 year old. They are CDP category 3 patron sponsor priority (married military assigned to the base). Since there are no spaces in CDC or CDH available, they are referred to off-base licensed civilian centers close to their home with space for a 3-year-old. The Woods were given the spaces in the CDH home before the Martins because the Woods have a higher CDP patron sponsor priority than the Martins. The Martins select a licensed civilian center near their home. The Martins are considered to be excess demand. They are placed on the Excess Demand Wait List because Ms. Jones could not offer them a viable CDP care option. The Martins will need to confirm their desire to remain on the Excess Demand Wait List by 15 August 2002.

On 6 August 2002, the Woods are informed that the CDC now has space for their children. They visit the CDC and decide to accept the spaces. They give two weeks notice to their CDH provider, Judy Butler, and the children are enrolled in the CDC. The Woods are removed from the Preferred Care Wait List.

After all internal moves are made, Ms. Jones goes to the Excess Demand Wait List to find the next eligible patron for care. On 7 August 2002, Ms. Jones contacts the Martins to offer them the space in CDH that was vacated by the Woods. The civilian center they are using is very expensive, and the Martins decide to visit Judy Butler's home. They are very impressed with the quality of care they observe. They decide to take their 3-year-old out of the civilian center and enroll him in the CDH provider's home. Ms. Jones arranges for the Martins to meet the CDH Director. The Martins are moved from the Excess Demand Wait List. They still wish for their son to go to the CDC, so they are placed on the Preferred Care Wait List to wait for care in the CDC. The Martins are no longer considered part of the base excess demand. They are reminded that they will have to confirm their desire to remain on the list in three months.

On 20 September 2002, Ms. Jones contacts the Martins to let them know there is space in the CDC for their son. The Martins are very happy with the care that Judy Butler provides for their son and the other children, and their son is doing well in the small group environment. They decide to stay with the CDH provider and are removed from the Preferred Care Wait List.

SAMPLE 3

PO3 Sara Greene has a 28-month-old daughter. She has just received orders to move from her current base to Somewhere Naval Base. On 1 October 2002, she contacts Somewhere Base CDP Central Enrollment to request child care. Ms. Jones takes the call and explains the wait list system. She places Sara Greene's daughter on the Projected Demand Sub-Wait List based on sponsor priority (single) and date of request for care. She explains that PO3 Greene cannot get on the Excess Demand list or the Preferred Care list until she and her daughter arrive on base.

On 1 December 2002, PO3 Greene arrives on the base with her child, and she goes to the Central Enrollment office. She is removed from the Projected Demand Wait List. She would like to enroll her daughter with a CDH provider. There are no CDH spaces available, but there is space in the CDC. Because PO3 Greene was offered a CDP viable care option, she is not considered a part of the excess demand. Had there been no viable options, she would have been placed on the Excess Demand list based on her original request date of 1 October and her sponsor priority.

She accepts the space but wishes to be placed on the Preferred Care Wait List while waiting for a CDH provider. She is placed on the Preferred Care Wait List based on the date of the request for care of 1 October. Ms. Jones explains to PO3 Greene that she will have to confirm her desire to remain on the Preferred Care list by 1 March 2003. PO3 Greene fills out the CDP registration forms, and Ms. Jones arranges for her to visit the CDC and meet the director.

On 1 February 2002, Ms. Jones contacts PO3 Greene and offers her a spot with a CDH provider. PO3 Greene has changed her mind. She is pleased with the care her daughter is receiving in the CDC and does not want to transition her again. Her name is removed from the Preferred Care Wait List.

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MY NOTES

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NAVY CHILD DEVELOPMENT PROGRAM (CDP)
MANAGERS' GUIDEBOOK & SELF-ASSESSMENT TOOL
SECTION I

CHAPTER 5

Mobilization and Contingency

MEO IMPLEMENTATION

"*What happens to MEO implementation during a major deployment or an emergency?"*

Flexibility is critical in order to ensure child care options are available during deployment and catastrophic contingencies. Special temporary services and alternative locations and environments may be needed. The temporary nature of programs may require reasonable relaxation of some standards. Your focus will be on ensuring the safety and well-being of children in care during this time.

Your CDP can be proactive in determining how it will support families during mobilization and contingencies. During mobilization, the decision will have to be made to reallocate existing child care spaces, expand services, or reduce services. The Navy Mobilization and Contingency Handbook for Child Development and Youth Programs located at www.mwr.navy.mil provides you with detailed information on how to set up your mobilization and contingency (MAC) team and develop your MAC plan. The plan identifies how the CDP will meet the needs of children during:

- Mobilization and deployments
- Natural disasters
- Emergency situations
- Other contingencies

MEO IMPLEMENTATION (cont.)

The CDP manager with total CDP oversight puts together a team that includes CDP staff and installation proponents. The plan developed must be approved by the base commander and is included in the overall Installation Mobilization Plan. Assistance from proponents include:

- Civilian Personnel to assist with timely staff recruitment and processing.
- Pre-approved temporary alternative sites for child care.
- Community Health for modified health and sanitation requirements.
- Law Enforcement to assist with expedited background checks.

CDP members of your MAC team will include the CDC Director(s), the CDH Director, the T&C, and any staff that you believe will contribute to the planning process. The team's responsibilities include:

- Locating supplies/equipment needed during mobilization/contingencies.
- Planning for staffing/provider contingencies.
- Recommending streamlined operating procedures.
- Coordinating and documenting all local waivers and modifications.
- Ensuring that all on and off-base care and supervision options have been explored.
- Maintaining a list of all children enrolled in the CDP who are required to have a family care plan.

Unit leaders ensure that family care plans are workable and verified. The MAC team ensures that child care provisions are made for:

- Extended hours
- 24-hour care
- Long term care
- Respite care
- Hourly care for unit functions and family support groups

MEO IMPLEMENTATION (cont.)

Your MAC plan should:

- Document existing child care capacity
- Project anticipated care demand
- Outline potential care/supervision
- Identify facilities, personnel, and financial resources needed

Implementation of the MAC plan involves staff, community, and parents. Preparation is key, so doing your homework now and clarifying roles will make implementation smoother. Some considerations include:

- Establishing an effective partnership with outside child care services in the community to enhance the support to service members in times of crisis and in peace time.

- Inviting a parent representative to be on your MAC team to foster communication between the parents and the CDP and who can assist with recruiting volunteers.

- Ensuring that unit leaders are briefed on your MAC plan and what is needed to support it, i.e. volunteers, space, current family care plans, etc.

- Ensuring that CDH identifies how a surge in provider recruitment will be handled and the impact on the CDH lending library. The library may be needed to support care provided in other approved settings.

- Identifying how new staff, providers and volunteers will be trained to support the MAC plan.

- Identifying the resources and the CDP role in assisting families and children coping with stress.

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MY NOTES

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MEO CHANGE ORDERS

WHAT CONSTITUTES A CHANGE ORDER

"*How do I know what constitutes a change order, and how do you request one?"*

A Change Order must be completed for any permanent changes to the approved narrative or the worksheets which affect:

- Cost
- Deviation from Organization chart
- Deviation from capacity or enrollment
- Construction vice CDH growth
- Changes to the total FTE requirements
- Significant changes in servicing population that affects program delivery methodology

Temporary changes to the MEO to support mission, new business initiatives, or contingency operations to support deployment do not require formal change orders. Instead, these types of temporary changes are at the discretion of the local command and should be noted in writing and maintained locally in a suspense file for review during applicable assessments/inspections.

TYPES OF CHANGE ORDERS

There are three types of change orders that require differing types of approvals. Examples are provided to assist program managers in determining appropriate actions required:

LEVEL I:

These types of change orders are required for permanent changes that do not require additional resources or FTE and maintain the approved program cost per space. Examples of Level I change orders include:

- Changes to local organizational structures
- Contracting of support functions (i.e. custodial and food-service operations) at a lower cost to the government
- Partnerships with non-profit and civilian organizations that increase capacity within the resources and cost per space goals in the approved MEO

LEVEL I APPROVAL:

These types of changes may be approved by the local program managers (in accordance with regional policy). Info copies will be provided to PERS-659 30 days prior to implementation.

LEVEL II:

This process is used for permanent changes that require additional resources or FTE, but still maintain the approved program cost per space. Examples include:

- Program expansion above MEO projections
- CD funding reductions (APF or NAF) that can be absorbed through vertical cuts to program capacity that does not affect the programs cost per space

TYPES OF CHANGE ORDERS (cont.)

LEVEL II APPROVAL:

Level II change orders maybe approved by regional program managers. Info copies will be provided to PERS-659 30 days prior to implementation.

LEVEL III:

This type of change order is completed for any permanent changes that require additional resources or FTE which results in a deviation to the approved program cost per space. Change orders of this nature include:

- Modifying center based or home care age group distribution
- Higher FTE grade levels
- Implementing contract operations or services which are more costly than in-house operations

LEVEL III APPROVAL:

These change orders must be submitted and endorsed via local and regional commands to PERS-659. In conjunction and concurrence with Commander, Navy Installations (CNI), PERS-659 will grant final approval.

Self-Assessment Worksheet Instructions

PURPOSE

The Self Assessment Workbook was created in Microsoft Excel 97. All bases and regions are required to complete the workbook. The completed workbook will summarize the data required for the annual assessment. It will also assist you in managing your MEO. The worksheets compare MEO projected data to your actual data and will help you track some of the key cost drivers such as enrollment and FTE staffing. It is recommended that you invest some time initially in learning how to use the workbook. Once you have an understanding of the workbook and its capabilities, your program will begin to experience the benefits of this powerful management tool.

SUBMISSION OF WORKSHEETS

In the first year of MEO implementation, two submissions of the workbook are required. The first submission will cover the first two quarters and is due by 30 June 2002. The second submission is the annual submission and is due by 30 November. In subsequent MEO years, submission of the workbook is required only annually and is due 30 November . Worksheets will be submitted electronically to PERS 65 at [insert].

OVERALL SUMMARY

Whenever possible, formulas are included to do the arithmetic and duplicative entry. The following color formatting is used consistently throughout the entire workbook:

White: Formulas
Grey: Titles
Blue: User Input – MEO Projected Data
Green: User Input – Actual Data

You will find small red triangles at the upper right corner of some cells. Simply place your cursor on any of these cells, and a note will pop up giving additional instructions or explanations. You will also find that some cells contain a

OVERALL SUMMARY (cont.)

pull down menu limiting your entry into a cell. Click on the cell, and a small arrow will appear at the right of the cell. Click on the arrow and a list will appear. Click on your choice and it will automatically be entered into the cell.

NOTE:	Any cells containing formulas are protected. The workbook will not allow the user to enter data or to make a change to a protected cell. The user can only input data into the blue and green cells.

The workbook contains the 19 worksheets entitled as follows:

#1 CDH
#2A, #2B, #2C and #2D Enrollment 1st thru 4th Qtr
#3 Annual Enrollment
#4A, #4B, #4C, #4D and #4E Direct Staff 1st thru 4th Qtr and Annual
#5 Quarterly Staff
#6 Parent Fee Income
#7 CDH Subsidy
#8 CDP NAF Overhead
#9 Cost Summary
#10 Cost Comparison
#11 Variance Summary
#12 Part Day Programs
#13 CDC/CDH Annual Report

The MEO projected data should be entered before any actual data is filled in. The worksheets should be filled out in the order that they appear above. The worksheets are linked. This means that information entered into one worksheet will automatically appear in other worksheets to which it is linked. This is why it is important to complete the worksheets in the order specified above.

OVERALL SUMMARY (cont.)

Two tracking forms have been developed to help you gather the information needed to complete the actual data in the Self-Assessment Tool. They are entitled "Flexible Hours Tracking Form" and "Quarterly Staffing Summary and Turnover Tracking Form".

The following gives more detailed information and instruction about each worksheet in the Self-Assessment Tool and the two tracking forms. If you need assistance with the Self-Assessment Tool or the tracking forms, call NPC PERS-659 for assistance.

ENTERING THE MEO DATA

You must enter all of the MEO data before entering your actual data. Use MEO Base Year data for your first MEO year. Use MEO Option Year 1 data for your second MEO year, etc. You will notice that the MEO data is annual, and the Self-Assessment Workbook data is quarterly. Note that for the CDH, Enrollment and Direct Staff worksheets, annual MEO data is the same as the quarterly MEO data. For example, if the MEO projected CDC enrollment is 24, then the MEO projected CDC enrollment in each quarter is 24.

CDH (#1)

Refer to MEO worksheets "Roll Up of CDC Operational Capacity & CDH Enrollment Summary" and "CDH Expansion & Staffing Summary" for MEO CDH data. Enter the MEO data into the first quarter, and the same data will automatically be rolled forward to the remaining quarters. The "Data at Start of Fiscal Year" information can be found under the "current year" column in the above referenced worksheet. For MEO years 2-5, the "Data at Start of Fiscal Year" information will be the actual data as of the 4th quarter of the previous year.

ENTERING THE MEO DATA (cont.)

Enrollment (#2A-#2D)

Refer to MEO worksheet "Roll Up of CDC Operational Capacity & CDH Enrollment Summary" for MEO projected demand data. Enter the MEO projected demand on the first quarter worksheet, page 2, row 56. The MEO projected demand data will roll forward into the remaining quarters.

Refer to MEO worksheets "Facility Utilization Summary and Direct Caregiving Staff Calculation" for MEO projected enrollment data. Enter the classroom numbers and the projected MEO age group/enrollment for each classroom beginning on the first quarter worksheet, page 3, row 82. Enter the facility name on row 77. If you have more than one facility, MEO data for an additional 5 facilities can be entered on pages 4-8. The MEO projected enrollment data will roll forward into the remaining quarters.

Annual Enrollment (#3)

No entries are required.

Direct Staffing (#4A-#4E)

Refer to MEO worksheet "Staffing Matrix" for MEO Direct Staff data. Refer to MEO worksheet "Facility Utilization Summary and Direct Caregiving Staff Calculation" for the MEO Projected Average Daily Hours and the MEO Projected Staff Turnover Rate.

If you have more then one facility, refer to the organizational charts in the MEO narrative for a breakdown of direct staff by facility. Enter the projected MEO FTE direct staff, average daily hours and staff turnover rate in the Direct Staffing-Annual worksheet (#5E) for each facility, and the same data will automatically be entered into the quarterly worksheets.

OVERALL SUMMARY (cont.)

Quarterly Staff (#5)

Refer to MEO worksheet "Staffing Matrix" for MEO FTE Staff data. Enter the projected MEO FTE number of staff in the first quarter only. The "# USA Reimb." column is to designate the number of MEO staff that are projected to be USA reimbursable. Choose the Grade, APF/NAF/Flex and Full Time/Part Time information from the imbedded pull down menus in each cell. Check the calculated MEO total FTE staff to ensure that all MEO data was entered correctly. The MEO data will roll forward to the remaining quarters.

Parent Fee Income (#6)

Refer to MEO worksheet "Parent Fee Income Projection" for MEO Parent Fee data. For the MEO Weekly Parent Fees, take the amounts listed under "Weekly Parent Fee per Income Category" and increase by 1.5% for the base MEO year. In subsequent MEO years, continue to increase the amounts by 1.5% each year. For MEO Total Parent Fees, be sure to use the numbers listed in the last column entitled "Total Parent Fees Per Year Per Income Category Increased by 1.5%".

Enter "Enrollment % per Income Category", "Weekly Parent Fees", and "Total Parent Fees" on the annual page starting on row 73. The MEO projected quarterly data will automatically calculate for each quarter. Check the calculated MEO totals to ensure that all MEO data was entered correctly.

CDH Subsidy (#7)

Refer to MEO worksheet "Calculation of CDH Direct Care Cash Subsidy" for MEO CDH Subsidy data. Enter annual MEO projected data on the annual page starting on row 159 for each of the three subsidy categories (Full Time, Other, Provider). You will also need to type in your MEO subsidy titles under the Provider section. The MEO projected quarterly data will automatically calculate for each quarter.

OVERALL SUMMARY (cont.)

CDP NAF Overhead (#8)

Refer to MEO worksheet "Calculation of CDP NAF Overhead" for MEO CDP NAF Overhead data. Enter the annual MEO projected "CDP NAF Overhead" and "Total MWR Fund NAF Overhead". The MEO projected quarterly data will automatically calculate for each quarter.

Cost Summary (#9)

Refer to MEO worksheet "Cost Summary" for Cost Data. Enter the annual MEO projected cost data in the annual section beginning on row 360. Some of the cells in this section will have automatically filled in from what you previously entered on other worksheets. Totals and cost per child amounts will calculate. Once all your data is entered, be sure to check the totals and cost per child amounts against your MEO to ensure that all MEO data was entered correctly. The MEO projected cumulative year-to-date data will automatically calculate for each quarter.

Cost Comparison (#10)

The only entry required on this worksheet is on page 5, cell H259, "Annual Savings". Refer to MEO worksheet "Cost Comparison" for data. In your first MEO year, use the "Annual Savings" number listed under the "Base Year" column. In subsequent MEO years use the "Annual Savings" number listed under the "Option Year" columns.

Variance Summary (#11)

No entries are required.

Part Day Programs (#12)

No entries are required unless part-day programs are offered on a regular basis

CDC/CDH Annual Report (#13)

Completed once annually using data on the last Wednesday of the month of September.

TRACKING FORMS

Flexible Hours Tracking Form

This form will help you manage flexible hours by calculating available and used flex hours on a weekly and quarterly basis. There are 4 worksheets, one for each quarter. Start with the first quarter and enter the total MEO Flexible FTE at the top. Enter the first week ending date, and the remaining week ending dates will calculate. In the section entitled "Additional Weekly Hours Available for Flex", include hours for any unfilled staff positions. These hours are available for use by your flex staff to cover the vacant positions. Under the "Hours Used for Week" section, list each flex employee and the number of hours they worked in the week.

Based on the hours used for the Week, the form will calculate the actual weekly FTE equivalent. This information can be used to complete the average actual FTE data required on the "MEO Direct Caregiving Staff versus Actual Caregiving Staff" worksheet in the Self-Assessment Tool. Use an average of the weeks of the month to determine the actual average monthly data.

The form will also calculate the average FTE equivalent for each Flex staff. This information can be used to complete the flex staff FTE data on the "Quarterly Staffing Summary and Turnover Tracking Form".

Quarterly Staffing Summary and Turnover Tracking Form

This form will help you manage the number of direct staff and their appropriate grade levels as compared to the MEO. It will also calculate the quarterly staff turnover rate. There are 4 pages. The first page details full-time staff, the second part-time staff, the third flexible staff, and the fourth shows the turnover rate calculation. The "Grade", "Retained vs. New" and "USA" columns contain pull down menus.

As you list grades and names, note that the same staff position should occupy the same row throughout all four quarters even though the employee may change. The

TRACKING FORMS (cont.)

"Retained vs. New" column will keep the information straight. You can also make embedded notes in the cells if you want to keep track of additional information such as promotions and reasons for leaving. To embed a note, place your cursor on the cell, click "insert", click "comment" and a box will appear for you to type information in.

The following are a few examples of how the tracking form will work.

Example #1: Sally was a GS-3 at the end of first quarter, got promoted, and was a GS-4 at the end of the second quarter. For the "End of Second Quarter" section, her name and FTE data would move from the row that lists the GS-3 position to the row that lists the GS-4 position, and she would be considered "Retained".

Example #2: Becky held the position of a GSE-2 at the start of the year, left in the first quarter and the position remained unfilled at the end of the first quarter. For the "End of First Quarter" section, the "Name", "FTE" and "Retained vs. New" cells would be left blank for that GSE-2 position

Example #3: In the third quarter you hire a new employee named Bonnie to fill the vacant GSE-2 position mentioned in example #2. For the "End of Third Quarter" section, Bonnie's information would be entered into the row that holds the vacant GSE-2 position, and she would be considered "New".

In determining FTE numbers for the full-time and part-time staff, use their FTE status as of the last Wednesday of the last month of the quarter. For example, a full time employee would be 1 FTE and a part-time employee who works 20 hours per week would be .50 FTE. For the flex staff use the "Quarterly Actual Average FTE" numbers calculated on the "Flexible Hours Tracking Form".

TRACKING FORMS (cont.)

The "Total Summary" at the end of each of the first three pages provides the direct staff data that you need to complete the "Quarterly Staff" worksheet in the Self-Assessment Tool.

IMPORTANT NOTE:	In order for the turnover rate to calculate properly, it is important that no data be entered under the "Name", "FTE", "Retained vs. New" and "USA" cells for a vacant position or unused row.

ENTERING ACTUAL DATA

Actual data should be entered at the end of each quarter. CDC and CDH enrollment data and direct staff data can be entered on a monthly basis. All of the worksheets have "text blocks". You can type directly into these areas to give variance explanations or to make any notes and references.

CDH (#1)

Enter the number of children enrolled, the number of homes and the number of monitors as of the last Wednesday for each month in the quarter. The worksheet will calculate the actual averages for each quarter. The variance will show you if you are over or short of your MEO goals. The last two columns compare the MEO projected increases to your actual increases in each of these areas.

Enrollment (#2A-#2D)

Beginning on page 3, row 82, enter the number of children enrolled in each classroom as of the last Wednesday for each month in the quarter. The worksheet will calculate the actual average enrollment in each classroom and summarize enrollment by age group. If you have more than one facility, enrollment data for additional facilities can be entered on pages 4-8.

ENTERING ACTUAL DATA (cont.)

Enter actual demand on page 2, row 60. The actual demand can be calculated by adding the current actual enrollment to the current excess demand wait list.

Annual Enrollment (#3)

This worksheet will summarize enrollment information entered into worksheets #1 and #2. Enter the number of quarters that you have entered actual data for in cell E54. For example, if you are entering actual data for the 3rd quarter, you would enter 3. This will enable year-to-date and annual averages to calculate properly.

Direct Staff (#4A-#4E)

For each facility, enter the actual "Average Daily Hours". This is the average number of hours per day that a child is at the facility. Review the Sign-In Sheets to determine the number of hours each child actually attended the program during each month.

For each facility, enter the actual number of FTE staff. For Program Leaders and Program Assistants enter the actual number of FTE staff as of the last Wednesday for each month in the quarter. For Program Assistants-Flex, refer to the "Flexible Hours Tracking Form" and calculate a monthly FTE average based on the "Hours Used for Week" data. The worksheet will calculate the actual average FTE's for each quarter. The projected MEO direct FTE staff is compared to your actual average FTE direct staff in the table entitled "Comparison of MEO Projected FTE to Actual Average FTE" and variances are provided.

The worksheets will also calculate the required number of direct FTE staff based on your actual average enrollment. This calculation will assist you in determining the appropriate number of direct FTE staff that are needed when your actual enrollment falls short of or exceeds your MEO projected

ENTERING ACTUAL DATA (cont.)

enrollment. The required number of direct FTE staff is calculated by classroom in columns L through N and is compared to your actual average number of FTE staff in the table entitled "Required FTE Based on Actual Average Enrollment Compared to Actual Average FTE".

In the Direct Staff-Annual worksheet, enter the number of quarters that you have entered actual data for in cell E54. For example, if you are entering actual data for the 3rd quarter, you would enter 3. This will enable year-to-date and annual averages to calculate properly. This worksheet summarizes the quarterly data and provides annual averages and variances.

Quarterly Staff (#5)

Enter the actual FTE number of staff. For the "CDC Caregivers" section, use the data in the "Total Summary" sections of the "Quarterly Staffing Summary and Turnover Tracking Form". For the other sections, enter the actual FTE number of staff as of the last Wednesday of the last month of the quarter. Choose the Grade, APF/NAF/Flex and Full Time/Part Time information from the imbedded pull down menus in each cell. The MEO number of FTE is compared to the actual number of FTE and the FTE variance is provided. The word "Yes" will appear under the staffing variance section if the MEO Grade, APF/NAF/Flex and Full Time/Part Time differ from the actual.

Parent Fee Income (#6)

Enter the actual weekly parent fees for each income category and total parent fees. The MEO data is compared to the actual data and variances are provided. The 5th page will calculate annual totals, averages and variances. Enter the actual enrollment percent for each income category on the 5th page and the actual total parent fees will be automatically prorated to the income categories.

ENTERING ACTUAL DATA (cont.)

CDH Subsidy (#7)

In the "Full Time CDH Subsidy" section, enter the actual average number of children receiving a subsidy, the weekly subsidy amount and the total CDH subsidy for the quarter. In the "Other CDH Subsidies" section, enter the actual average number of children receiving a subsidy, the weekly or hourly subsidy amount and the total CDH subsidy for the quarter. In the "Provider Recruitment/Retention/Training/Other CDH Subsidies" section, enter the actual average number of providers, cost per provider and the total CDH subsidy for the quarter. The three sections are totaled giving a total CDH subsidy for the quarter. The MEO data is compared to the actual data and variances are provided. The 5th page will calculate annual totals, averages and variances.

CDP NAF Overhead (#8)

Enter the actual "CDP NAF Overhead" and "Total MWR Fund NAF Overhead" for the quarter. The MEO data is compared to the actual data and variances are provided.

Cost Summary (#9)

Enter the actual cumulative year-to-date cost data as of the end of each quarter. The cost data can be obtained from the Financial Statements that you receive each month. If your financial statements do not have the level of detail required in the worksheet, you can request detail of sub-accounts from the accounting department. You can also ask accounting to set up a sub-account if the actual cost data that is required is not currently being broken down into the level of detail that you need.

Totals and annualized cost per child amounts will calculate for each quarter. The MEO data is compared to the actual data and variances are provided.

ENTERING ACTUAL DATA (cont.)

Cost Comparison (#10)

`No entries are required. All data is picked up from the Cost Summary worksheet.

Variance Summary (#11)

No entries are required. This worksheet summarizes quarterly and annual variances.

Part Day Programs (#12)

Complete this worksheet if you provide part day programs. Enter the number of children enrolled as of the last Wednesday for each month in the quarter. The worksheet will calculate the actual average enrollment. Enter the NAF income and expenses associated with this program. These amounts should be listed only on this worksheet and should not be included in the data on the cost summary worksheet